

**DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION**

**LOW-INCOME HOME ENERGY ASSISTANCE  
PROGRAM  
(LIHEAP)**

**POLICY AND PROCEDURES MANUAL**

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## FORMS

### LIHEAP FORMS

Form Number	Form Name	Location
EA-1	Low Income Home Energy Assistance Program (LIHEAP) Heating and/or Cooling Assistance Application	EA Web Site <a href="http://www.dss.mo.gov/fsd/liheap.htm">http://www.dss.mo.gov/fsd/liheap.htm</a>
EA-1B	Information Request	One Form
EA-1C	Low Income Interview Guide	One Form
EA-1E	Energy Assistance Landlord/Renter Documentation Request	One Form
EA-3	Employee Wage Documentation Report	One Form
EA-6	Energy Assistance Eligibility Notice: Eligible Eligible – Natural Gas Customer Ineligible	AFP produced by IT
Denial Letter	Energy Assistance Notice of Denial	FSD Form
EA-7	Energy Assistance Payment Notice	AFP produced by IT
EA-8	Energy Assistance Claims and Restitution	One Form
EA-10	Energy Assistance Check Cancellation Notice	One Form
EA-11	Energy Assistance Check Reissuance Request	One Form
Fax	DCN Update Cover Sheet	Word Document
IM-87	Application for State Hearing	FSD Form
IM-214	Affidavit for Replacement Check	FSD Form
IM-215	Affidavit of Forgery	FSD Form

### SECURITY FORMS

Form Number	Form Name	Location
	Security Forms Instructions	Word Document
	Access Request	Word Document
	DSS Confidentiality Statement	PDF Document
FA700	Confidentiality Agreement	Word Document
FA701	FAMIS User Request	Word Document
FA702	Request for Access to FAMIS Information	Word Document

## INDEX

# INTRODUCTION

## INTRODUCTION

Low Income Home Energy Assistance Program (LIHEAP) is a block grant program. It is designed to assist low income individuals, particularly those with the lowest income who pay a high proportion of household income for home energy, in meeting their immediate energy needs. The grant is administered by the U.S. Department of Health and Human Services (HHS), Office of Community Services (OCS) within the Administration for Children and Families (ACF). LIHEAP was designed to provide help to low income households targeting the elderly, disabled and households with young children as insufficient heating and cooling can cause health and safety issues for these homes.

The State of Missouri Family Support Division (FSD) applies for and receives LIHEAP funding and then contracts with Missouri Community Action Agencies (CAA), or other agencies, to conduct the eligibility determination for LIHEAP applications. By agreement, agencies will:

- Adhere to eligibility requirements outlined by FSD Policy and Procedures manuals
- Under no circumstance will the agency add an eligibility requirement or expedite a case where an applicant complies with additional eligibility requirements without prior written permission from the FSD, nor will eligibility requirements be non-compliant with federal regulations
- Inform all applicants of the opportunity to appeal the LIHEAP decision
- Comply with the Department of Social Services' (DSS) Policy on Confidentiality
- Comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996
- Utilize LIHEAP funds only for purposes approved by FSD
- Maintain records for five (5) years and make all records available to FSD or its designated representatives.

The FSD LIHEAP has developed this LIHEAP Manual to include policy, procedures, and step-by-step instructions. The target audience for this manual is all LIHEAP users, including FSD, agency staff and suppliers.

## LEGAL BASIS

The legal basis for the administration of LIHEAP and requirements are set forth in Title XXVI of the Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35), amended by the Human Services Reauthorization Act of 1984 (P.L. 98-558), Human Services Reauthorization Act of 1986 (P.L. 99-425), Augustus F. Hawkins Human Services Reauthorization Act of 1990 (P.L. 101-501), Human Services Amendments of 1994 (P.L. 103-252), and the Coats Human Services Reauthorization Act of 1998 (P.L. 105-285).

Legislation authorizes block grants to states, "to assist low income households, particularly those with the lowest income that pay a high proportion of household income for home energy, primarily in meeting their immediate home energy needs."

Administration of LIHEAP was entrusted to the Department of Social Services (DSS) under provisions of House Bill 1009 enacted by the 80<sup>th</sup> General Assembly.

## **STRUCTURE**

LIHEAP has two components: Energy Assistance (EA) and Energy Crisis Intervention Program (ECIP). Eligibility requirements for LIHEAP are based on income, household size, available resources and responsibility for payment of home energy costs.

### **Energy Assistance (EA)**

EA is designed to provide financial assistance to help pay primary fuel source heating bills for Missourians during the months of October, November, December, January, February and March. The EA benefit amount is based upon household size, income and the type of fuel used for home heating. **NOTE:** A supplemental payment is an additional EA payment made to identified applicants during a program year should FSD LIHEAP receive additional funding.

### **Energy Crisis Intervention Program (ECIP)**

ECIP is designed to provide financial assistance to households in a verifiable energy crisis. This crisis is defined as: 1) receipt of a termination or disconnect notice indicating a specific disconnect date; 2) a final billing statement advising the account has been terminated; 3) a propane tank is filled at less than 20% capacity; 4) the customer is a cash on delivery (COD) customer; or 5) pre-paid electric customer indicates their pre-paid usage is about to run out. ECIP funds can be used for primary or secondary fuel sources.

#### **Winter ECIP**

Winter ECIP is primarily used to restore or prevent disconnection of service for at least thirty (30) days when the amount of assistance available through EA and any other state or local program is not adequate to secure this commitment from the supplier.

- Is available from October through May, based upon funding.
- Benefit amount is to be the amount required to resolve crisis.
- Maximum Benefit amount is \$800.00.

#### **Summer ECIP**

Summer ECIP is primarily used to restore or prevent disconnection of services for at least thirty (30) days of a cooling energy source during the summer months.

- Is available from June through September, based upon funding.
- Benefit amount is to be the amount required to resolve crisis.
- Maximum Benefit amount is \$300.00.

ECIP funds can also be used for emergency repairs or purchases needed to maintain or restore heating and/or cooling. This includes purchasing wood stoves, air conditioners, fans, providing temporary shelter and weatherization materials not covered under the Weatherization Assistance Program (WAP) which can include repairing furnaces, broken windows, and purchasing caulking and weather stripping.

## COMPUTER SECURITY ACCESS

EA information is recorded in the FSD LIHEAP EA System. There are four (4) types of security access available to users. These four (4) types are:

- Inquire - allows access to the EA System, but user can only view case information on the LIHEAP Registration (E1RG) screen, LIHEAP Application (E1AP) screen and the LIHEAP Member (E1MM) screen.
- Update - allows access to the EA System and user can perform add and update functions.
- Management - allows access to the EA System, add/update functions, and allows additional changes to be made on the EA System by management only for the LIHEAP Pending Registrations (E1PN) screen, LIHEAP – New Applicant (E1NA) screen, LIHEAP – Reset Denied Status (E1RD) screen, LIHEAP Payroll Statistics (E1ST) screen, LIHEAP – Member Refresh From Common Area [CA] (E1MR) screen, and LIHEAP Delete Registration (E1DR) screen.
- DCN - each agency may designate three (3) staff members who can add Departmental Client Numbers (DCNs) to the Common Client Data Update (SUPD) screen referred to as the DSS common area. This is required when an applicant or household member is not found in the DSS common area and requires adding.

In order to be granted access to the EA System, users must submit the following forms to FSD for processing:

- State of Missouri, Department of Social Services Access Request
- DSS Confidentiality & Information Security Agreement
- Missouri Department of Social Services, Division of Family Services Confidentiality Agreement (FA700)
- Missouri Department of Social Services, Division of Family Services FAMIS User Request to Access the FAMIS System (FA701)
- Missouri Department of Social Services, Division of Family Support Division Request for Access to FAMIS Information Access or Revocation of Profile to a FAMIS User Granted by Local Security Administrator (FA702)

The original forms with original signatures must be received by FSD before security access is processed. Faxed forms will no longer be accepted to add users to the EA system. These forms and their instructions are included in the Forms section. **NOTE:** The Access Request and the FA702 must also include a designated supervisor's signature.

If an agency employee, including seasonal workers, leaves the agency, FSD must be notified by completing the Access Request as soon as possible after their departure and

submitting the form to FSD. For assistance, please contact the FSD LIHEAP Unit by phone. This form can be faxed and only requires the designated supervisor's signature.

If an employee fails to sign on to the EA System for thirty (30) calendar days, his/her password will be revoked and he/she will be required to complete all the forms for EA System access again. This will require original forms which must be received before processing.

**NOTE:** Only LIHEAP staff will be granted security access to the LIHEAP system.

After you receive a user ID, you will be able to sign on to the EA System through the internet at the following website:

<http://www.dss.mo.gov/fsd/liheap.htm>

For your initial sign on you will use the user ID provided and the password will be the first letter of your first name, the first letter of your last name, and the last four digits of your Social Security Number followed by the ## (two consecutive pound signs) symbol. This is not case sensitive. A message will appear advising you the password has expired and you will need to enter a new password. The new password needs to consist of eight (8) characters with both letters and numbers and different than the users last thirty-two (32) passwords. This information should be retained for future use. After entering this information, you will be prompted to enter the same password again. A prompt will appear indicating the password was accepted. Passwords expire every thirty-one (31) calendar days, therefore it is imperative users continue to sign on every thirty (30) calendar days to remain active.

**NOTE:** Keep the password in a confidential area so others will not be able to access this information.

## SIGNING ON TO EA SYSTEM

The screenshot shows the Missouri Department of Social Services website. At the top, there is a header with the department's name and a search bar. Below the header is a navigation menu with links to Home, Children, Families, Health Care, Youth, and Local Offices. The main content area is titled "Family Support Division" and features a section for the "Low Income Home Energy Assistance Program". This section includes a description of the program, eligibility requirements, and a list of resources such as "Energy Supplier On-Line Access", "Agency On-Line Access", "Heating & Cooling Assistance Instructions & Application", "La Calefacción & Refrescando Ayuda Instrucciones & la Aplicación", "LIHEAP Brochure", "LIHEAP Manual", "2012 LIHEAP State Plan", and "2013 LIHEAP Draft Abbreviated Model State Plan". There are also links to other energy assistance internet resources like the Missouri Association for Community Action, U.S. Dept. of Health & Human Services LIHEAP, and Missouri Department of Natural Resources Energy Center. At the bottom of the page, there is a "back" link and a date "8/14/12".

### SIGNING ONTO EA SYSTEM:

1. Access <http://www.dss.mo.gov/fsd/liheap.htm> website and click on Agency On-Line Access.
2. Click on Energy Assistance Registration (E1RG) screen box located at the top of the screen.
3. Security Alert box will display. Type User Name and Password and click on the OK button.
4. Connect to [www.prod.dss.mo.gov](http://www.prod.dss.mo.gov) box will display and you will type in your User name and Password and click OK button.
5. You will now be signed onto the EA system and the LIHEAP Registration (E1RG) screen will now display.

**NOTE:** You may access other EA screens by clicking on the screen you wish to display.

If you experience trouble with your password when signing on for the first time or if your password needs to be reset, you may call the DSS Information Technology and Service Division (ITSD) help desk numbers 1-800-392-8725 or 1-800-663-2647 for assistance.



## CONFIDENTIALITY

All FSD employees and persons and entities under contract with the State of Missouri are prohibited from disclosing any information obtained by them in the discharge of their official duties relative to the identity of applicants for, or recipients of, services or the contents of any records, files, papers, communications, except in the administration of the LIHEAP program.

The information accessed in the EA System is confidential and shall not be shared outside of the requirement to determine a household or individual eligible or ineligible for LIHEAP. **NOTE: Only LIHEAP staff shall be granted security access to the LIHEAP system.** Viewing information on the computer screen and printing information for the case record shall be done with great attention to keeping confidential information secure. Listed below are a few ideas to help secure confidential information:

- Log off the EA System before leaving your station
- Pay attention to who can see computer screens and what information is being displayed
- Pick up printed records immediately from network printers
- Do not leave records unattended on desks
- Enclose paperwork in a folder, file and lock the drawer it is kept in
- Shred documents before disposal or recycling

**Safe At Home Program** - The Safe at Home (SAH) address confidentiality program provides survivors of sexual assault, rape, stalking and domestic violence a substitute mailing address through the Secretary of State's office. Participants use an SAH assigned address and his/her correspondence is forwarded to his/her actual mailing address by the Secretary of State's office. These services limit an assailant's ability to access public information that could identify the new location of a victim who is in the program. SAH is not a witness protection program; rather it is a mail forwarding service.

Participants in the Missouri SAH program share a common post office box (PO Box 1409, Jefferson City, MO 65102-1409), but are assigned a unique authorization number (a six-digit number). The address provided by SAH participants is:

Participant's Name  
 Authorization # XXXXXX  
 PO Box 1409  
 Jefferson City, MO 65102-1409

Should a LIHEAP applicant use the SAH post office box address, the agency employee shall enter the SAH address on the LIHEAP Application (E1AP) screen. The agency employee shall not require a physical address.

The Secretary of State's office issues SAH program participants a blue certification card which indicates the named individual is certified to use the assigned authorization number. A LIHEAP applicant providing an SAH post office box shall present such certification card. If the LIHEAP applicant does not have such certification card on his/her person, the agency employee shall contact the Secretary of State's office toll free at 866-509-1409 to verify the individual's participation in the program and certification to use the authorization number.

Participation in the SAH program is not confidential information nor is the participant's authorization number. However, the participant's **actual mailing address and/or physical address are confidential.**

Information regarding the Safe at Home program can be found at:

<http://www.sos.mo.gov/SafeAtHome/>

**Release of Information to Landlords:** FSD employees and persons and entities under contract with FSD shall not disclose the identity of a LIHEAP applicant and/or the status of an application to a landlord. The Energy Assistance Landlord/Renter Documentation Request (EA-1B) is mailed to landlords asking them to provide rental information, but whether an applicant is determined eligible or ineligible for LIHEAP is confidential information.

**Encryption of E-mail:** Email is not a secure (encrypted) method of transmitting information. Transmitting information of a confidential or sensitive nature (i.e. Federal Tax Information (FTI), Protected Health Information (PHI), Personal Identifying Information (PII) such as SSN or DCN, etc.) via email requires the e-mail to be encrypted.

When transmitting confidential information via e-mail to a non-state e-mail account, state employees will type [encrypt] in the subject line. This will encrypt the contents of the e-mail and attachments sent in the e-mail. (Note: A non-state e-mail account is one that does not have a mo.gov e-mail address).

Persons who are not state employees using a non-state email account will send an encrypted e-mail to a state recipient (one who has a mo.gov email address) by following, "Instruction #3: How DSS clients, business partners and end-users can send an encrypted email to DSS" found at <http://dss.mo.gov/encrypt.htm>.

When transmitting confidential information via e-mail from a non-state e-mail account to another non-state e-mail account, the e-mail must be encrypted.

**Sunshine Requests:** LIHEAP case specific records, including case notes, are not public records and therefore, exempt from the sunshine law.

#### **Confidentiality - Authorized Disclosures of Case Specific (Confidential) Information include:**

**Lifeline and SafeLink** - Lifeline is a government program that offers qualified low income households a discount on their monthly local telephone bill. SafeLink Wireless is for individuals to access the federal Lifeline program through wireless phone services rather than a traditional home phone service.

Federal guidelines require telecommunications carriers to establish a customer's eligibility by allowing them to sign a form that self-certifies they participate in a program administered by FSD including LIHEAP. Missouri also requires the telecommunications carrier to obtain documentation that proves a customer receives benefits from the

approved programs. Applicants can provide this documentation by giving the telecommunications carrier a copy of his/her Energy Assistance Eligibility Notice (EA-6).

Upon signed, written authorization from a LIHEAP applicant, the agency shall provide a copy of the LIHEAP Registration (E1RG) screen to the telecommunications carrier. The written authorization will include the applicant's name, address, Social Security Number, signature and reason for the request.

**State Legislators** - State legislators include the constituent's name and address in their request for information. This indicates the legislator knows the constituent is a recipient of LIHEAP services and allows FSD staff and entities under contract with FSD to disclose the party's information to the legislator.

**Personal Representative or Advocate** – FSD employees and persons and entities under contract with the State of Missouri may discuss a LIHEAP application and/or LIHEAP case information with a third party (identified by the applicant) upon verbal or written request from the applicant.

**Any Member on the LIHEAP Case** – Information in the LIHEAP case file can be copied and provided to any responsible member on the case with a written, signed request and proof of identification.

### **Computer Safeguards**

Efforts have been taken to include functionality in the EA System to protect customer information. If more than twelve minutes elapses between transactions, the user will see a pop-up window with a notification that the browser will be closed in three minutes if an actual transaction is not initiated.

### **Disposing Confidential Information**

When disposing of confidential information, users should ensure it is being shredded before it is recycled or disposed. This practice will guard against fraud and serve to protect our customers. Examples of confidential information include Social Security Number, DCN, date of birth, address, name, etc.

Policy requires an agency to retain all records for five (5) years.

If an agency is scanning and producing images of documents and plans to shred paper documentation before the five (5) year time frame, written approval must be obtained from the Family Support Division before any shredding begins.

### **Documentation - Date Stamping**

All documents and correspondence received on a case must be date stamped with the date received. Date stamping all documents and correspondence includes any information supplied to the agency whether received by mail, fax or in-person. Date stamping is important to be able to present an accurate account of events that have occurred on any LIHEAP application and is especially important in the event of a LIHEAP administrative hearing.

## PROCESS OVERVIEW

There are three major areas included in EA processing. These are the following:

- Application
- Determination
- Payment

Please see Appendix A for the Process Overview flow chart.

## LIHEAP ENERGY ASSISTANCE SYSTEM OVERVIEW

The LIHEAP EA System is designed to record the registration, associate members to the applicant and case, record information from the application form, determine income eligibility and process EA payments. The information from each screen in the system builds upon the information entered on the previous screen. Each screen in the LIHEAP EA System serves a different purpose. The LIHEAP EA System retains five (5) years of history. The LIHEAP EA System is available during weekend and evening hours with the exception of the first weekend of each month when the Family Assistance Management Information System (FAMIS) is updated.

### LIHEAP Fiscal Year (FY)

The LIHEAP Fiscal Year (FY) is located on all LIHEAP screens. The Fiscal Year (FY) field defaults to the current program year. If you are accessing a Fiscal Year (FY) other than the current program year, CLICK on the drop down box and select the correct Fiscal Year (FY).

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

**LIHEAP Registration**

Applicant

SSN:

Fiscal Year (FY):

Program Type:

Message: SSN

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP

S024 SCLR S019

User ID (MCKEORJ) Program (FEAU128 version=001) Tuesday, August 21, 2012 7:53:45 AM

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## LIHEAP Program Type

The LIHEAP Program Type is located on all LIHEAP screens. There are four (4) Program Types; EA, Winter ECIP, Summer ECIP and Supplemental. The LIHEAP EA System defaults to the EA Program Type. If you are accessing a Program Type other than EA, CLICK on the drop down box and select the correct Program Type.

## LIHEAP Registration (E1RG) Screen

When you sign on the LIHEAP System, the LIHEAP Registration (E1RG) screen will display. At the bottom of E1RG are a series of buttons and links with the other screens' transaction IDs. Buttons will display in grey boxes and when clicking on a button, the applicant information will be carried to the next screen. Links will display the transaction ID with an underline and when clicking on a link, you will be taken to the screen, but applicant information will not be carried to the next screen.

The purpose of the E1RG screen is to register the LIHEAP application. This screen will also display the status, payment amount and supplier information.

## LIHEAP Member (E1MM) Screen

After completing the E1RG screen, you will click the E1MM button to access the LIHEAP Member (E1MM) screen. On the E1MM screen you will associate the members to the applicant and case. You will also enter information concerning disability for each member, their status and whether they are the account holder. On this screen you will indicate if the case is a landlord or renter situation, when applicable.

## **LIHEAP Application (E1AP) Screen**

After completing the E1MM screen, you will click on the E1AP button to access the LIHEAP Application (E1AP) screen. On the E1AP screen you will add household information including the mailing address, primary and secondary supplier information and landlord/renter information, if applicable. The E1AP screen is also where you will record LIHEAP ineligibility for any reason other than excess income or negative supplier response.

## **LIHEAP Worksheet (E1LW) Screen**

After completing the E1AP screen, the next step in determining income eligibility requires clicking on the E1LW button to access the LIHEAP Worksheet (E1LW) screen. The E1LW screen will display income calculations, primary and secondary supplier information, renter information, ECIP benefits and other payments.

The E1LW screen will access FAMIS to determine if the members are receiving food stamps in a Food Stamp Eligibility Unit (FSEU) and will bring back income and child support deduction information from this system. For members that are not active on a FSEU, you will enter the information using the LIHEAP Income Summary (E1IS) screen which is accessed from the E1LW screen. For individual member income, you will access the LIHEAP Income Detail (E1ID) screen from the E1IS screen. The E1ID screen will allow you to enter and verify individual member income and deduction amounts.

Once the E1LW screen is verified, it will display the EA benefit amount. If the case is ineligible due to excess income, it will update the E1AP screen.

Once E1RG, E1MM, E1AP and E1LW screens have been entered and verified, changes can be made to the screens until the weekly payroll process runs. If changes are made prior to the payroll process, these screens may need to be “verified” again in order to be processed.

## **LIHEAP Case Notes (E1CN) Screen**

The LIHEAP Case Notes (E1CN) screen can be accessed from any screen. This screen can be used to enter, update, delete, flag or review case notes. **NOTE:** Authorization to delete a case note on the LIHEAP Case Note (E1CN) screen is limited to agency staff with Management Security Access.

## **LIHEAP Action (E1AC) Screen**

The LIHEAP Action (E1AC) screen can be accessed from any screen and will display the date, time, transaction ID, member SSN and a description of the case action. This screen can be used to view a history of actions taken on a given case.

## **LIHEAP Payment Information (E1PY) Screen**

The payroll process will either generate a direct payment to the applicant or a client eligibility listing to the participating supplier.

After payments are processed, you can view this information on the LIHEAP Payment Information (E1PY) screen. The status and payment information for a case can also be viewed on the E1RG screen.

Please see Appendix B for the LIHEAP Energy Assistance System Overview Flow Chart.

# APPLICATION

## INTRODUCTION

There is one application form for the Low Income Home Energy Assistance Program (LIHEAP). Once an applicant is approved for LIHEAP, eligibility will continue for one program year, which is defined as October 1<sup>st</sup> through September 30<sup>th</sup>.

To process an application there are several areas to consider including the following:

- Distribution, including how the agency and applicant receive the application form
- Registration, including the time frame, the procedural steps to identify, enter and track the individual who is making application for a household, LIHEAP Registration (E1RG) procedure, Departmental Client Number (DCN) assignment, information not matched on the common area, application status and supplier information on E1RG
- Eligibility
- Household definition, determination and categories
- Ineligibility
- Documentation
- Application time frame, priority applications and emergency services
- Application processing and procedures

## DISTRIBUTION

LIHEAP applications are made available by the Family Support Division (FSD) to contracted agencies and to the applicant. All applications are returned to the agency for eligibility determination.

### FSD to AGENCY

FSD will provide each agency with pre-addressed, sealed or unsealed (based upon agency request) LIHEAP applications prior to the beginning of the program year. This will include all households that were approved for the Energy Assistance (EA) component during the previous program year and are currently living in their service area. A report listing these applicants will be emailed to each agency. This listing includes an asterisk (\*) indicating the applicant or spouse has been identified as elderly (60 or over) or disabled or an "o" indicating any household member has been identified as elderly (60 or over) or disabled.

### AGENCY to APPLICANT

Each agency will establish a mailing schedule for the pre-addressed LIHEAP applications. All mailed out applications should be sent first class. This mailing schedule will consider the following:

- On October 1, applications for applicants, spouses, and household members that are elderly/disabled can be processed;



- On November 1, the agency will begin accepting and processing applications for all households; and
- By December 1 of the current program year, all pre-addressed LIHEAP applications must be mailed.

The LIHEAP website (<http://www.dss.mo.gov/fsd/liheap.htm>) contains a link to the Heating and Cooling Assistance Instructions and Application. This form will be printed by the agency for distribution. The applications printed by the agency from the website will be made available by mail, fax, or in person to anyone upon request. **NOTE:** Not all agencies provide a fax for receipt of LIHEAP applications.

**NOTE:** The applicant may also access the LIHEAP website directly, download and print the application for completion.

Home visits to take an application will be made within 30 days of the request when a valid reason exists. The decision regarding the necessity of a home visit will be made by the agency LIHEAP Manager.

#### **APPLICANT to AGENCY**

Applications may be returned to the agency by mail, fax (when available) or in person. All applications are processed by the agency that services the applicant's county of residence. If an application is received for a resident of a county that is not serviced by that agency, the application will be registered using the county code number (reference Appendix C) for the county in which the applicant resides. After registering the case, mail the complete application form first class with any accompanying documentation to the agency which provides services where the applicant resides. If the applicant is in crisis, the registered application and accompanying documents should be faxed, scanned or emailed to the agency that services the applicant's county of residence.

When an application must be transferred, timeframes for application processing remain at 30 days for non-crisis, 18 hours for life-threatening crisis and 48 hours for an energy crisis.

**NOTE:** Timeframes begin with the date the application is received by the originating agency. This date will be stamped or recorded on the LIHEAP application.

Guardianship applications must be returned and processed in the agency service area in which the applicant actually resides, not the guardian.

If a duplicate application is received, the agency must send a local letter or the ENERGY ASSISTANCE NOTICE OF DENIAL (Reference Forms Section) to the applicant. Once an individual has been approved for EA or is a member of a household that has been approved for EA, they cannot be approved again within the same program year. The LIHEAP EA system does not allow entry of a duplicate application.

**NOTE:** An application by an agency employee or immediate family member must be returned to the agency service area in which the employee resides and processed by a Manager/Supervisor. In addition, another Manager/Supervisor must review and validate

the decision. Agencies should have written policy which addresses how employee/employee-related applications should be processed and maintained.

## **REGISTRATION**

The registration and application process begins with the date the application is received by the agency. This date will be stamped or recorded on the LIHEAP application. This date is considered the date of application and all processing time frames begin on this date. The application must be registered within 3 working days of the date stamped/recorded. The application must be processed within 30 calendar days of the date stamped/recorded.

The EA component of LIHEAP is registered on the LIHEAP Registration (E1RG) screen. If the application involves processing for the Energy Crisis Intervention Program (ECIP) component of LIHEAP, the applicant will be recorded in the Missouri Association for Community Action (MACA) Management Information System (MIS). E1RG will be used as an administrative tool for:

- Tracking an application or reapplication
- Monitoring processing time frames
- Identifying duplicate applications
- Assisting in preventing duplicate payments
- Tracking the total number of pending applications by County, Agency and Statewide totals
- Providing information on the resolution of an application
- Identifying ECIP payments when recorded by the agency on the LIHEAP Worksheet (E1LW) screen

## **Applicant Designation**

The applicant is defined as the individual whose signature is on the application. Applicants should be an individual that is 18 or over and residing in the household, as determined by the individuals listed in the HOUSEHOLD INFORMATION section on the Missouri Department of Social Services Family Support Division Low Income Home Energy Assistance Program (LIHEAP) Heating and/or Cooling Assistance Application (EA-1).

Applicants between the ages of 15 and 18 where there is not another household member over the age of 18 can be considered an applicant.

If the applicant is under the age of 15, the application will be denied. The notice of denial should be sent to the under-age applicant.

The fuel bill does not have to be in the applicant's name. The person listed on the fuel bill must be a member of the household. This person is referred to as the account holder. An account name change will not be required as long as the age and household requirements are met.

If the account holder is under 18 and there is another household member that is 18 or older, the older member must be considered the account holder, requiring a name change.

If the oldest individual in the household is under 18, that individual must be considered the account holder.

### LIHEAP Registration (E1RG) Screen

The applicant is the only household member that is registered on E1RG. Registration begins with typing the applicant's Social Security Number (SSN) in the SSN field. Once registration is complete, all other information for the EA component transactions are accessed using the applicant's SSN.

The LIHEAP Registration (E1RG) screen displays with one of two possible scenarios. If the applicant is applying for EA for the first time or did not receive EA in the previous Fiscal Year, Primary Supplier Information will not display when E1RG is accessed. If the applicant did receive EA in the previous Fiscal Year, Primary Supplier Information from the previous EA season will auto-populate when E1RG is accessed. The option to retain or discard the auto-populated Primary Supplier Information on E1RG will display.

**NOTE:** If the applicant was a direct pay customer in the previous Fiscal Year or if the Primary Supplier has not signed to be a Low Income Home Energy Assistance (LIHEAP) Participating Supplier, the auto-populated Primary Supplier Information will not display. In addition, if the applicant was assigned a Pseudo SSN in the previous Fiscal Year, the option to auto-populate Primary Supplier Information will not display.

Before you will be able to register an application, you will need to follow the instructions included in the Introduction of this manual SIGNING ONTO EA SYSTEM.

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Brian Kinkade, Interim Director

**E1RG**

**LIHEAP Registration**

Applicant  
SSN:

Fiscal Year (FY):  Program Type:

Message: Enter SSN

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP

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**ACCESSING THE LIHEAP REGISTRATION (E1RG) SCREEN:**

1. After signing onto the EA System, the E1RG screen will display with the following message, "ENTER SSN". Type the SSN for the applicant in the SSN field.
2. The Fiscal Year defaults to the current program year. Select the Fiscal Year from the drop down box if accessing a year other than the current program year.
3. Click on INQUIRY.
4. The system will search the common area for the entered SSN. **NOTE:** The message, "SSN NOT FOUND ON COMMON AREA" will display if the SSN is not found in the common area. If the SSN is found in the common area, the DCN, Last User ID, Applicant's Last Name, First Name, MI, Date of Birth and Gender will auto populate using the data found in the common area.

**REGISTERING APPLICATION ON E1RG WHEN APPLICANT DID NOT RECEIVE EA IN PREVIOUS FISCAL YEAR:**

1. After accessing the LIHEAP Registration (E1RG) screen, E1RG will display with the following message, "Enter County Number, Verify (Yes) If Applicant Data Is Correct and Click Save Button".
2. Type the County Code. (Reference Appendix C)
3. Type YES in the VERIFY box and click on SAVE button. **NOTE:** NO is not an acceptable response in the verified field. The system immediately accepts the information that has been entered and a message will display, "Registration Complete".

Missouri Department of  
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E1RG

### LIHEAP Registration

**Applicant Information**

SSN:  DCN:  Agency:  County:  Last User ID:

Last:  First:  MI:  Date of Birth:  Gender: F Verified:

Fiscal Year (FY): 12  Program Type: EA  Registration Date:

Auto Populate Previous FY Supplier Data?

**Primary Supplier Information**

Supplier Name: LACLEDE GAS COMPANY Supplier Number: 120016000 Supplier City: ST LOUIS  
Customer Name: Account Number:

Message: Enter County Number, Change Auto Populate Question To 'N' If Not Wanted, Verify (Yes) If Applicant Data Is Correct And Click Save Button

Verify:  (Enter YES to Confirm)

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP

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#### REGISTERING APPLICATION ON E1RG WHEN APPLICANT RECEIVED EA IN PREVIOUS FISCAL YEAR:

1. After accessing the LIHEAP Registration (E1RG) screen, E1RG will auto-populate the applicant's Supplier Name, Supplier Number, Customer Name and Account Number fields. The message will display, "Enter County Number, Change Auto-Populate Question to "N" If Not Wanted, Verify (Yes) If Applicant Data Is Correct And Click Save Button".
2. Type the County Code. (Reference Appendix C)
3. The field, "Auto Populate Previous Fiscal Year Supplier Data?" will appear. The response defaults to YES. Review the Primary Supplier Information against the EA-1 LIHEAP application to ensure the supplier information matches. If it matches, this field requires no action. If the Primary Supplier Information on the EA-1 LIHEAP application does not match what has auto-populated on E1RG, click on the drop down box and select "NO". **NOTE:** Once the application has been registered on E1RG, the option to retain or discard the Primary Supplier Information will no longer display.
4. Type YES in the VERIFY box and click SAVE button. **NOTE:** No is not an acceptable response in the verified field. The system immediately accepts the information that has been entered and message will display, "Auto-Populate Complete; Registration Complete". **NOTE:** If NO was selected in the Auto-Populate Previous Fiscal Year Supplier Data?" field, the message will display, "Applicant Information Successfully Updated".

## Case Notes

Once registration is complete, a Case Notes button will appear on E1RG. Case information, phone calls with the applicant or energy supplier, etc. should be documented in the Case Notes section.

Missouri Department of  
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**LIHEAP Case Notes**

Applicant: SSN: [ ] DCN: [ ] Agency: A01-CMCA County: 010-B Boone Last User: MCKEORJ  
Last: MCKEE First: KEEFER MI: [ ]  
Fiscal Year (FY): 11 Program Type: EA

**Applicant Case Notes Information:**

Add Case Notes: [ ] Delete Check Flag Note

**Existing Case Notes Information:**

Entry Date: 09-08-2011 Time: 09:30:05 User Id: MCKEORJ  
Applicant called back and asked what amount he was eligible for. Advised him the amount is \$450.00.  
Characters Left: 2500  
Last Updated Date: 09-08-2011 Time: 09:30:05 User Id: MCKEORJ

Entry Date: 09-08-2011 Time: 09:27:59 User Id: MCKEORJ  
Applicant called for case status. Advised case was pending supplier response and to allow another week for this response.  
Last Updated Date: 09-08-2011 Time: 09:27:59 User Id: MCKEORJ

Message: Case Notes Was Inserted

Inquiry Save

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD  
E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1R E1UP  
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### ENTERING A LIHEAP CASE NOTE FROM E1RG:

1. Click on the Case Notes button from E1RG. The screen will flow to the LIHEAP Case Notes (E1CN) screen.
2. Type desired text in the Applicant Case Notes Information Box. **NOTE:** Each note holds a maximum of 500 characters. The screen displays a running total of characters remaining.

3. Click on SAVE. The note will display in the Existing Case Notes Information Box.
4. Click on the NEXT button when there are more than four notes. **NOTE:** Selecting the PREVIOUS button will return to the previous case notes page.
5. Click on E1RG button to return to the LIHEAP Registration (E1RG) screen. **NOTE:** The message, "(Case Notes Available)" will display on the screen indicating there is a case note.

Notes appear in reverse chronological order, meaning the most recent note will display first for each program year.

**NOTE:** The LIHEAP Case Notes (E1CN) screen only accepts a few abbreviations/characters. Some examples are: @, \$, and ( ).

The LIHEAP Case Notes (E1CN) screen can be accessed for update or review from any of the LIHEAP screens.

#### **CORRECTING OR DELETING A LIHEAP CASE NOTE:**

1. Click on the LIHEAP Case Notes (E1CN) button which can be accessed from any of the LIHEAP screens.
2. When correcting a case note, go to the desired note for correction.
3. Type additional information or correct what is already recorded.
4. Click Save. The changes will be saved on the original note.
5. When deleting a case note, go to the desired note for deletion.
6. Click in the Delete Check Box.
7. Click Save. The selected note will no longer appear on the LIHEAP Case Notes (E1CN) screen.

**NOTE:** Authorization to delete a case note on the LIHEAP Case Note (E1CN) screen is limited to FSD LIHEAP staff and agency staff with Management Security Access.

#### **Flagged Case Note**

LIHEAP system screens are specific to each program year. The LIHEAP Case Notes (E1CN) screen will only display for the program years selected from Fiscal Year (FY) drop down box. Flagging a case note allows the agency to bring attention to important information that could prove useful in subsequent program years. The FLAG NOTE indicator displays on E1CN.

#### **ADDING FLAG NOTE ON E1CN:**

1. Click on the LIHEAP Case Notes (E1CN) button which can be accessed from any of the LIHEAP screens.
2. Type information to be documented in the Applicant Case Notes Information box.
3. Click SAVE. A box will appear next to the case note box titled, "FLAG NOTE".
4. Click on FLAG NOTE box.
5. Click SAVE. A message will display, "Case Note Flagged."



**RETURNING TO THE LIHEAP REGISTRATION (E1RG) SCREEN:**

1. Click on the RETURN TO E1RG link to return to the current Fiscal Year (FY).  
**NOTE:** If the user navigates to other screens in that FY and later returns to the E1CN, the RETURN TO E1RG link will not display and the Fiscal Year (FY) drop down box must be selected to return to the current FY.

Once a case note is flagged, the LIHEAP Registration (E1RG) screen will display a bold red message, “FLAGGED CASE NOTE AVAILABLE” on any Fiscal Year (FY) that is accessed.

**Missouri Department of Social Services**  
 Jay Nixon, Governor  
 Brian Kinkade, Interim Director

**E1RG**

**LIHEAP Registration**

**Applicant**

SSN:  DCN:  Agency: A01 - CMCA County: 010 - BOONE Last UserID: JONEKOZ

Last: MCKEE First: KEEPER MI:  Date of Birth:  Gender: M Verified: YES

Fiscal Year (FY): 12 Program Type: EA Registration Date: 12-13-2011

STATUS: ELIGIBLE Benefit Amount: \$296.00

**Primary Supplier Information**

Supplier Name: AMEREN MISSOURI Supplier Number: 150054000

Supplier Notified Date:  Supplier Response:

Process Date:

Message: SSN On File - Enter Changes If Necessary.

Verify:  (Enter YES to Confirm)

Inquiry Save Print Case Notes **FLAGGED CASE NOTE AVAILABLE**

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP

S024 SCLR S019

**ACCESSING FLAGGED CASE NOTE FROM E1RG:**

1. Click on FLAGGED CASE NOTE AVAILABLE. The LIHEAP system will transfer to the most recently flagged case note. **NOTE:** Flagged case notes could exist on Fiscal Years (FY) other than the Fiscal Year (FY) identified as having the most recent case note. When the E1RG displays, “Flagged Case Note Available” the worker should review all case notes on every Fiscal Year (FY).

When the information in a flagged case note is no longer important to the LIHEAP case, the flagged case note should be removed. **NOTE:** Removing the flagged note only removes the flag and will not delete the case note.



**REMOVING FLAGGED CASE NOTE FROM E1CN:**

1. Click on Flag Note field to remove check.
2. Click on SAVE. The message, "Case Note Flag Removed" will display. **NOTE:** Removing a flagged case note is limited to FSD LIHEAP staff and agency staff with Management Security Access.

**Duplicate Applications**

A duplicate application may be received when an applicant that has already provided an application for the current LIHEAP program year sends another application. Upon entering a duplicate application, a message will display, "SSN is Active in Case XXX-XX-XXXX" if the SSN you have entered is associated as a household member on another case. You will need to question why this message is displaying.

If the SSN is a member associated to another case, you will need to review the related case to determine if the member has received EA benefits in another household. You will also need to review the LIHEAP Application (E1AP) screen to determine if the applicant is applying and using the same address. If so, you may need to contact the applicant to determine who the household members are for each application.

If the SSN you have entered is an applicant, the E1RG screen will populate with the applicants information and the STATUS field will indicate one of the responses explained below. Registration cannot be completed until the reason for the duplication has been resolved and corrections completed. The correct SSN and status of Pending in Progress, Eligible, Approved, Approved Payment in Process, Ineligible or Denied will determine the appropriate steps to register the application on E1RG.

**CORRECT SSN STATUS INDICATES PENDING IN PROGRESS:**

1. Review the SSN to verify that the correct number has been entered.
2. Review the STATUS field for PENDING IN PROGRESS.
3. Print a copy of the E1RG screen to attach to the new application.
4. The LIHEAP Registration (E1RG) screen cannot be completed since the application is already registered with PENDING IN PROGRESS status.
5. The new application will be given to the worker who is processing the application that is already on file.
6. The worker will review the new application for any additional information that may assist in processing the application that is currently on file.

**CORRECT SSN STATUS INDICATES ELIGIBLE:**

1. Review the SSN to verify that the correct number has been entered.
2. Review the STATUS field for ELIGIBLE.
3. Print a copy of the E1RG screen to attach to the new application.
4. Review the LAST USER ID field on the LIHEAP Worksheet (E1LW) screen to identify the worker that has been assigned the application.

5. The LIHEAP Registration (E1RG) screen cannot be completed since the application is already on file with ELIGIBLE status.
6. The new application will be given to the worker who is processing the application that is already on file.
7. The worker will review the new application for any additional information that may assist in processing the application that is currently on file.

**CORRECT SSN STATUS INDICATES APPROVED OR APPROVED PAYMENT IN PROCESS:**

1. Review the SSN to verify that the correct number has been entered.
2. Review the STATUS field for APPROVED.
3. Select the E1AP button and click on the transaction.
4. Print a copy of the E1AP screen to attach to the new application.
5. Review the address on E1AP to determine if the address is the same address that is listed on the new application or if it is a different address with the same household members as the approved application. Whether the address is the same or different, the application will be considered a duplicate and will be denied. It will not be possible to register or enter the application to process the denial in the system since the SSN is already on file.
6. Complete a Notice of Denial (reference Forms Section) and mail it to the applicant.
7. File a copy of the Notice of Denial and the application in the case file. **NOTE:** To determine if all adult household members are the same, compare the current application form, SSN's and birthdates to the members SSN listed on the E1MM screen.

**CORRECT SSN STATUS INDICATES INELIGIBLE OR DENIED:**

1. Review the SSN to verify that the correct number has been entered.
2. Review the STATUS field for INELIGIBLE or DENIED. This could be a duplicate application due to new information being provided. If so, worker will process a reapplication.
3. Type a Y in the REAPPLICATION field. **NOTE:** If received in the same week, reapplication "Y" is not required.
4. Type YES in the VERIFY box and click SAVE.
5. The new REGISTRATION DATE for the reapplication will auto-populate.
6. Print a copy of the E1RG screen to attach to the new application.

**INCORRECT SSN:**

1. Review the entered SSN and documentation provided to verify that the correct number has been entered.
2. If the SSN was entered incorrectly on E1RG, correct it.
3. If the SSN was entered correctly, review the NAME, DOB and GENDER fields as this information will identify a different individual than named on the new application.
4. Review the AGENCY and COUNTY fields to determine which agency registered the application that is on file. Contact the agency to correct their registration as they have entered an incorrect SSN for the NAME identified on E1RG. Once they have corrected their registration, you will be able to register your application.
5. If the STATUS field indicates PENDING IN PROGRESS, ELIGIBLE, APPROVED, INELIGIBLE or DENIED, contact FSD-LIHEAP staff to correct the SSN. Once the SSN has been corrected in the common area, you will be able to register your application on E1RG. Once registered, a message will display, "REGISTRATION COMPLETE".

**New Applicant**

There may be instances when someone has been entered on the LIHEAP Registration (E1RG) screen as the applicant in error. In these instances, selected staff will be authorized to correct the applicant name. This correction is completed using the LIHEAP – New Applicant (E1NA) screen. **NOTE:** An update on E1NA to correct the applicant may be made up until the LIHEAP Application (E1AP) screen has been verified. Once the LIHEAP Worksheet (E1LW) screen has been verified, this update is no longer an available option. **NOTE:** When a correction has been made to E1NA, you should access the LIHEAP Member (E1MM) screen to make any necessary changes to the RELATIONSHIP and ACCT HOLDER fields.

### Accessing E1NA Screen Using the E1NA Button

Using the E1NA button to access the New Applicant (E1NA) screen will display the Applicant SSN, DCN, Agency, County, Last User ID, Applicant Last Name, First Name, MI, Date of Birth, Gender, Fiscal Year drop down box and Registration Date already populated. A message will display, "Enter New SSN".

#### ENTERING NEW APPLICANT DATA ON E1NA SCREEN:

1. The current Fiscal Year defaults to the current program year.
2. Type the SSN for the correct applicant in the CORRECT APPLICANT SSN field.
3. Click on INQUIRY. A message, "Information Found" will display. **NOTE:** If the new applicant information is not found, the common area should be searched and DCN assigned if necessary. Reference Departmental Client Number (DCN) located in the Application section of this manual.
4. Review the new applicant data for accuracy.
5. Type YES in the VERIFY box.
6. Click on SAVE.
7. A message will display, "Update Successful".

Using the E1NA link will require that you enter the applicant's SSN to display the screen information.

#### ACCESSING E1NA SCREEN BY SELECTING THE E1NA LINK:

1. Type the applicant SSN on E1RG.
2. The current Fiscal Year defaults to the current program year.
3. Click on INQUIRY. The LIHEAP Registration (E1RG) screen will display.
4. Click on the E1NA Link and you will be taken to the LIHEAP - New Applicant (E1NA) screen. A message will display, "Enter SSN".
5. Type the current applicant SSN in the APPLICANT SSN field.
6. Type the new applicant SSN in the CORRECT APPLICANT SSN field.
7. Click on INQUIRY. A message, "Information Found" will display. **NOTE:** If the new applicant information is not found, the common area should be searched and DCN assigned if necessary. Reference Departmental Client Number (DCN) located in the Application section of this manual.
8. Review the new applicant data for accuracy.
9. Type YES in the VERIFY box.
10. Click on SAVE.
11. A message will display, "Update Successful".

#### Registration Deletion

Should a registration be entered in error and need to be deleted from the EA System, agency staff with Management Security Access is authorized to delete registrations using the LIHEAP Delete Registration (E1DR) screen. **NOTE:** This should only occur in rare instances. No registration can be deleted if the EA case is in Eligible, Ineligible, Approved or Denied status. A registration should be deleted when a wrong SSN is entered; a number is transposed when entering the correct SSN, or when a member is registered as the applicant on their own case when they should be a household member on another case. If one of these situations did not occur, the appropriate action for an incorrectly entered case is to proceed with a case denial. A case note should be entered on the LIHEAP Case Notes (E1CN) screen when this occurs. **NOTE:** A case note is

not necessary when a registration deletion is completed as the entire case will no longer appear on the EA system.

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E1DR

### LIHEAP - Delete Registration

Applicant:  
SSN: [ ] DCN: [ ] Agency: All-CHCA County: 010-BOONE E1RG LastUser ID: MCKEORJ

Applicant Name:  
Last: JOONER First: NICK MI: [ ] Date of Birth: 06-12-1960 Gender: M

Fiscal Year (FY): [11] Program Type: [EA] Registration Date: 08-19-2011

Message: Information Found

Verify: [ ] (Enter YES to Confirm DELETE)

[Inquiry] [DELETE]

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
E1CN E1UA E1CD E1PW E1ST E1CA E1CO E1CM E1HR E1R E1UP

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#### Accessing E1DR Screen using the E1DR Button

Using the E1DR button to access the Delete Registration (E1DR) screen will display the Applicant SSN, DCN, Agency, County, Last User ID, Applicant Last Name, First Name, MI, Date of Birth, Gender, Fiscal Year drop down box, Program type drop down box and Registration Date. A message will display, "Information Found".

#### COMPLETING A DELETE REGISTRATION ON E1DR SCREEN:

1. The current Fiscal Year defaults to the current program year.
2. The SSN, Date of Birth, Last Name, First Name and MI automatically populate from the previous screen.
3. Review the applicant information to ensure the correct applicant is displayed.
4. Type YES in the VERIFY box.
5. Click on DELETE.
6. A message will display, "Registration Successfully Deleted".

Using the E1DR link will require that you enter the applicant's SSN to display the screen information.

#### ACCESSING E1DR SCREEN BY SELECTING THE E1DR LINK:

1. The current Fiscal Year defaults to the current program year.
2. Type the applicant SSN in the APPLICANT SSN field.
3. Click on INQUIRY.
4. A message, "Information Found" will display.
5. Review the applicant information to ensure the correct applicant is displayed.
6. Type YES in the VERIFY box.
7. Click on DELETE.
8. A message will display, "Registration Successfully Deleted".

#### Departmental Client Number (DCN)

After you enter the SSN on the E1RG screen, the system will search the Department of Social Services (DSS) Common Area to determine if the SSN entered is already known to the data base. The common area maintains certain identifying information about the clients of various program areas within DSS. These program areas access this data by using the Departmental Client Number (DCN). When the SSN is entered on E1RG the common area will automatically search for a match.

In some situations the applicant may have a DCN, or the information that is in the common area does not match the information provided by the applicant on the LIHEAP application. **NOTE:** No error message will display. Information provided on the LIHEAP application and information that populates from the common area must be reviewed for accuracy prior to verifying and completing registration on E1RG.

The information from the common area is what will display on the E1RG screen. For Last Name, First Name, Date of Birth and Gender that does not match the common area, documentation which supports a change/correction should be gathered. You will access the common area using the S024 link to determine if a DCN exists and needs to be updated, or if there is no DCN and one needs to be assigned.



#### ACCESSING THE S024/SSN SEARCH SCREEN:

1. Click on the S024 LINK on the bottom of the screen.

#### ACCESSING COMMON AREA WITH SSN TO VIEW DCN INFORMATION:

1. Type the Social Security Number in SSN field.



2. Click on SEARCH.

For the, "SSN Not on Common Area" message, you will need to access the common area using the SCLR/Client Search screen to determine if you have an incorrect Social Security Number.

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Brian Kinkade, Interim Director

Department Client Number(DCN)

**Client Search**

Please enter the nine digit Social Security Number  
or the Name, Gender & Date of Birth for the person you are searching for

System Code :

Social Security Number:

Individual Name (Last):

(First):

(Middle):

(Suffix):

Gender: --Choose--

Birth Date:  (MMDDCCYY - 12312002)

Wide Search: No ☐ Yes ☐

**S005: ENTER FIELDS.**

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

(DCN1023A) Thursday, September 01, 2011 1:57:40 PM

#### ACCESSING COMMON AREA WITHOUT SSN TO VIEW DCN INFORMATION:

1. Click on the Client Search (SCLR) Link on the bottom of the screen.
2. Type EA in the SYSTEM CODE field.
3. Type Member Name in INDIVIDUAL NAME (Last) (First) and (Middle) fields. **NOTE:** Only enter Middle initial or name if known.
4. Leave SUFFIX field blank.
5. Choose from drop down box next to GENDER field and select the correct gender.
6. Type date of birth in BIRTH DATE field. **NOTE:** Type the number consecutively with no spaces or dashes. (MMDDCCYY)
7. Click YES in the WIDE SEARCH field.
8. Click on SUBMIT. **NOTE:** Based on the CLIENT SEARCH on SCLR, information entered in the system will search five years of data. The search may display clients that are on file with a specified name, gender and birth year. Review this information to determine if anyone listed is the client that you are attempting to register.

If you find data in the common area that is different from what is listed on the application, you will need to correct the common area in order to complete the registration process. FSD- LIHEAP staff makes corrections to the common area. In order to complete the correction, fax a copy of the DCN Update cover sheet (Reference Forms section) indicating what information is not matching and include a copy of the supporting documentation to FSD- LIHEAP staff. You may also scan the DCN update cover sheet and supporting documentation to the LIHEAP email address: [FSD.LIHEAP@dss.mo.gov](mailto:FSD.LIHEAP@dss.mo.gov). You will have to acquire documentation, such as proof of birth date or last name from the applicant. **NOTE:** Do not send copies of screen prints. FSD- LIHEAP staff will assist in resolving the situation, contact you if there are questions and notify you when the information is corrected so you can complete the registration.

When a correction is made to the common area after a member has been saved to the LIHEAP system, FSD- LIHEAP staff or authorized agency staff will refresh the LIHEAP screens with the corrected member information. This is completed by selecting the LIHEAP – Member Refresh From Common Area (C.A.) (E1MR) screen. This capability is restricted to FSD- LIHEAP staff or agency staff with Management Security Access. Should an agency notice that the information in the common area differs from the information in the LIHEAP System, the agency should contact their designated agency staff for a member refresh to be completed. FSD- LIHEAP staff should only be contacted when the agency's authorized staff member is not available. In order to do this, the DCN and member's name should be provided.

If however, after accessing and reviewing the common area, you determine the individual is not found the message, "SSN NOT ON COMMON AREA" will display on the E1RG screen. You will need to take the following steps to resolve this message.

**INDIVIDUAL NOT IN COMMON AREA:**

1. Review the SSN to verify that it was entered correctly.
2. Print a copy of E1RG and give it and the case file information to the individual in your agency that is responsible for assigning DCN's.

**NOTE:** Assigning DCN's instructions are included in Appendix D.

**Member Refresh**

There may be instances when information displaying in the Common Client Data Update screen has been entered in error or new information requires a change. Updates to the Common Client Data Update screen is restricted to FSD-LIHEAP staff; however once this screen has been updated, agency staff with Management Security Access are authorized to perform a member refresh on the LIHEAP Member Refresh From Common Area (C.A.) screen.

### Accessing E1MR Screen using the E1MR Button

Using the E1MR button to access the LIHEAP Member Refresh From Common Area (C.A.) screen will display the Applicant SSN, DCN, Agency, County, Last User ID, Applicant Last Name, First Name, MI, Fiscal Year drop down box, Program Type drop down box and member information for all active members listed on the LIHEAP Member (E1MR) screen. A message will display, "SSN Found".

### COMPLETING MEMBER REFRESH ON E1MR SCREEN:

1. The current Fiscal Year defaults to the current program year.
2. Click on the Refresh C.A. button next to the member whose information is being refreshed. A message will display, "E1MM Refreshed With Common Area Data. If Refreshed Member DCN - (member DCN listed) Data Is Correct, Then Click Save Button To Update Member Information."
3. Click on SAVE.
4. A message will display, "E1MM Refreshed With Common Area Data".

Using the E1MR link will require that you enter the applicant's SSN to display the screen information.

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Brian Kinkade, Interim Director

**E1MR**

**LIHEAP - Member Refresh From Common Area (C.A.)**

Applicant:  
SSN:

Fiscal Year (FY):  Program Type:

Message: Enter SSN

Inquiry Print

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP

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#### COMPLETING MEMBER REFRESH BY SELECTING THE E1MR LINK:

1. The current Fiscal Year defaults to the current program year.
2. Type the applicant SSN on E1MR.
3. Click on INQUIRY.
4. A message will display, "SSN Found".
5. Click on the Refresh C.A. button next to the member whose information is being refreshed. A message will display, "E1MM Refreshed With Common Area Data. If Refreshed Member DCN – (member DCN listed) Data Is Correct. Then Click Save Button To Update Member Information".
6. Click on SAVE.
7. A message will display, "E1MM Refreshed With Common Area Data".

#### APPLICATION INQUIRIES

E1RG can be used to handle inquiries regarding the status of an application. The status, benefit amount, check date, supplier name, supplier number, supplier notified date, supplier response, ECIP pledges (when recorded) and process date fields will be used to determine the status of the application.

### ACCESSING E1RG FOR APPLICATION STATUS:

1. Type the Social Security Number of the applicant in the SSN field.
2. Click on INQUIRY.
3. The STATUS field on E1RG will display Pending in Progress, Eligible, Approved Payment in Process, Approved, Ineligible or Denied.

### Pending in Progress Status

The pending in progress status indicates the E1RG screen has been completed on the application; however, the application has not been processed.

### Eligible Status

The eligible status indicates the application has been registered on E1RG, processed and the household has met the requirements for LIHEAP eligibility, but the payment has not processed. The Energy Assistance Eligibility Notice (EA-6) will be generated to the applicant. (See Forms Section)

### Approved Payment in Process Status

The approved payment in process status indicates the application has been registered on E1RG, processed, the household met the requirements for LIHEAP eligibility, the customer eligibility response (CEL) has returned from the supplier with a response of



YES and payroll is processing. This status will appear for a short period of time. When payroll has processed, the status will change to approved.

### **Approved Status**

The approved status indicates the application has been registered on E1RG, processed, the household has met the requirements for LIHEAP eligibility and the payment has been processed. The benefit amount, check date, check number, supplier name, supplier number, supplier notified date, supplier response, ECIP pledges (when recorded) and process date will also display. The Energy Assistance Payment Notice (EA-7) will be generated to the applicant. (See Forms Section)

**NOTE:** If a direct payment is involved, the Supplier Number will display the unique number for a direct pay and the Supplier Name will display that particular heat source. For example, if an individual is approved using wood, the Supplier Name will display "WOOD" and the Supplier Number will display "888888888" (heat source code for wood).

### **Ineligible Status**

The ineligible status indicates the application has been registered on E1RG, processed and the household has not met the requirements for LIHEAP eligibility. The customer eligibility response will not generate to the supplier when the ineligible status appears. The Energy Assistance Eligibility Notice (EA-6) will be generated to the applicant.

### **Denied Status**

The denied status indicates the application has been registered on E1RG, processed, the household has met the requirements for LIHEAP eligibility and the customer eligibility response has returned from the supplier with a denial code. E1RG will display the date and reason for the denial. The Energy Assistance Eligibility Notice (EA-6) will be generated to the applicant. There are seven possible denial reasons which the supplier chooses from:

- Inactive Account;
- Commercial Account;
- Non-Heat Account;
- Not Our Customer;
- Incorrect Account Number;
- Needs Additional Payment; or
- Negative Customer Response.

### **LIHEAP NAME SEARCH (E1NS) SCREEN**

The purpose of this screen is to locate an existing LIHEAP case using a member's name when the SSN is not known or available.

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E1NS

### LIHEAP Name Search

Search Key \*Denotes Required Field

\*Last Name First Name County Fiscal Year Program Type

Message: Please Enter Last Name

Inquiry Print

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP  
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## E1NS SCREEN USING THE E1NS BUTTON OR LINK

A full screen will prompt the user to enter a member's Last Name, First Name, County and the Fiscal Year and Program Type drop down boxes will appear. The Last Name field is denoted with an asterisk (\*) indicating this as a required field. The First Name and County fields are optional, but can be used to narrow the search. Should a common name such as Smith be the name that is being searched, entering a few letters of or the full first name will narrow the number of names returned on the inquiry. **NOTE:** When the E1NS button or link is selected, both display a screen ready for entry. The Fiscal Year defaults to the current program year. Select the Fiscal Year from the drop down box if accessing a year other than the current program year. **NOTE:** When a name does not appear, the user should check that the correct Program Type has been selected from the Program Type drop down box.

### LOCATING A MEMBER ON E1NS SCREEN:

1. Type member Last Name. **NOTE:** This is a required field.
2. Type member First Name. (optional)
3. Type County member resides in. (optional)
4. The current Fiscal Year defaults to the current program year. Select the Fiscal Year from the drop down box if accessing a year other than the current year.
5. Program Type defaults to EA. Select the Program Type from the drop down box if accessing a program type other than EA.
6. Click on INQUIRY.
7. A message will display, "Record Found". Review the names listed to identify the member being acquired about.
8. Click on the DETAILS button to flow to the LIHEAP Member (E1MM) screen on the located member.

## ELIGIBILITY

LIHEAP eligibility is based on four main areas:

- **Citizenship and Alien Status:** All household members must be a citizen of the United States or be an alien admitted to this country for permanent residence.
- **Resources:** Each household's resources may not exceed \$3,000. **NOTE:** Effective December 31, 2009 through December 31, 2012, tax refunds must be disregarded from the maximum resource requirement when received in the last twelve (12) months.
- **Responsibility for Heating/Cooling Costs:** Each household must establish that they have an account in their name or meet the definition of a renter/landlord applicant and are incurring heating/cooling costs. Applicants for the ECIP component must additionally have received a notice of termination or services have already been terminated. Renters whose heating/cooling costs are included in their rent are not eligible to receive ECIP benefits. Landlord cases, when the landlord sends a fuel bill to the renter are eligible to receive ECIP benefits as long as the agency receives in writing from the landlord that the applicant's service is threatened or terminated. This information should be documented on the ECIP worksheet and maintained in the case record.
- **Income Based on Household Size:** Each household must meet specified income guidelines (135% of the federal poverty level) based on their household size, as set forth on the LIHEAP Income Ranges and Benefit Amounts (E1IR) screen or reference Appendix E in the LIHEAP Policy and Procedures Manual.

## HOUSEHOLD DEFINITION

Household is defined as an individual(s) living in private living quarters (a space with a private entrance) for which residential heat is purchased in common.

**NOTE:** A room within the primary residence does not qualify.

## HOUSEHOLD DETERMINATION

Eligibility is based on all individuals living together at the time of approval. Living together includes individuals that are only away from the home due to employment such as truck drivers, salesmen and military personnel.

If an individual leaves the household between the time of application and approval, that person(s) and their income/resources will be excluded.

If an individual moves into the household prior to approval, that person(s) and their income/resources must be included.

When either situation occurs, it must be recorded on the LIHEAP Case Notes (E1CN) screen, which is accessed from any LIHEAP screen.



**NOTE:** Household members are established using the member information provided on the application.

**NOTE:** Once a member has been approved in an EA household, this member cannot be claimed in another EA household. After the member has been declared as "included" in the EA household, they are part of this EA household for the program year.

## HOUSEHOLD CATEGORIES

Households will be classified into one of three categories:

- Category A: All members listed on the LIHEAP application form are receiving Food Stamps including multiple eligibility units.
- Category B: All members listed on the LIHEAP application form are not receiving Food Stamps.
- Category C: Members listed on the LIHEAP application form are a combination household in which some members are receiving Food Stamps and other members are not receiving Food Stamps.

## INELIGIBLE INDIVIDUALS

Individuals meeting the following conditions will be considered ineligible:

- Individuals that are not citizens of the United States or a permanent resident alien.
- Individuals that are not living in the home at the time of application.

**NOTE:** This policy does not apply to individuals temporarily out of their home due to service termination. Service terminated procedures will be followed. (Reference Priority Applications on Crisis Cases for these procedures).

- Individuals that are incarcerated.
- Individuals defined as roomers, boarders or live-in-attendants.

Roomer/boarder is defined as an individual who pays a household for lodging and/or food expenses only and who is not responsible for any household expenses.

Live-in-attendant is defined as an individual living in the household who receives wages to provide medical/child care and who is not responsible for any household expenses.

**NOTE:** A relative (by blood or marriage) cannot be considered a roomer, boarder or live-in-attendant.

- Individuals that have been approved in a Missouri EA case or individuals moving into a household that has previously received EA in the current program year at the same address.

**NOTE:** Eligibility will not be affected for individuals who have received LIHEAP benefits from another state in the same program year.

**NOTE:** Individuals that have been approved for EA in another household, but require a new application due to change in address or supplier, may be eligible for ECIP only benefits as long as all other LIHEAP eligibility requirements have been met.

- Only one individual on a multiple named fuel bill account will be eligible to receive LIHEAP benefits.

**NOTE:** Any income made available to the household by an ineligible individual, including individuals that are ineligible because they are not citizens of the United States or a legal permanent resident will not be included in the household income.

## INELIGIBLE HOUSEHOLDS

Households meeting the following conditions will be considered ineligible:

- A household that is located outside the State of Missouri.

**NOTE:** This does not include a household that has a mailing address of a surrounding state but actually lives in Missouri.

- A household which resides in a professional, practical or domiciliary nursing or boarding home and does not pay a home energy supplier directly for heating/cooling costs.
- A household which resides in a hotel, motel, dormitory or temporary shelter and does not pay a home energy supplier directly for heating/cooling costs.
- A household which resides in government subsidized housing, unless they are paying a home energy supplier or are billed by the landlord/housing authority for any out-of-pocket heating/cooling costs.
- A household in a transitional living situation. These households have their heating/cooling costs paid for by the Department of Mental Health.
- A household that has a credit balance with their fuel supplier in excess of \$500.

**NOTE:** This will not apply to households that pre-pay for their fuel.

- Households that cut their own wood.

## APPLICATION TIME FRAMES

- **Energy Assistance Applications (EA)**

EA applications must be processed within thirty (30) calendar days of the date stamped/recorded on the application form. If the 30<sup>th</sup> day falls on a weekend or holiday, the action must be completed on the next scheduled work day.

EA applicants will be notified of the disposition of their application by the Energy Assistance Eligibility Notice (EA-6) automatically generated by the FSD LIHEAP system. If benefits are to be paid to a Home Energy Supplier, an Energy Assistance Payment Notice (EA-7) will be mailed to the participant by the FSD LIHEAP system.

- **Energy Crisis Intervention Applications (ECIP)**

In accordance with section 2604(c) of the LIHEAP statute, if the application involves a household in a life-threatening energy crisis related situation, the agency will:

1. Not later than 18 hours after a household applies for crisis benefits, provide some form of assistance that will resolve the energy crisis if such household is eligible to receive such benefits and is in a life-threatening situation.
2. Not later than 48 hours after a household applies for energy crisis benefits, provide some form of assistance that will resolve the energy crisis if such household is eligible to receive such benefits. The State of Missouri defines a crisis as service threatened or terminated including Cash on Delivery (COD) clients.

Applicants receiving ECIP benefits will be notified in writing by the agency on the disposition of their application, the type(s) and amount of assistance they will receive and/or the amount of payment made on their behalf to a Home Energy Supplier.

ECIP cases will be considered in compliance with section 2604(c) of the LIHEAP statute so long as the energy crisis is resolved within forty-eight (48) hours of the date stamp received or by the disconnection date located on the home energy bill. **NOTE:** In the absence of a home energy bill, verbal confirmation may come from the home energy supplier. The verified disconnect date must be documented on the LIHEAP Case Notes (E1CN) screen and/or the Management Information System (MIS). Applications received where the home energy source is already terminated or due to be terminated any time up to the forty-eight (48) hours must still have the energy crisis resolved within the required timeframe(s) as dictated by section 2604(c) of the LIHEAP statute.

### **Documenting Date of Crisis**

The home energy bill must be date stamped for purposes of documenting the date of crisis. Verbal confirmation from the applicant (when self-declaration is permitted) or home energy supplier must be documented on the LIHEAP Case

Notes (E1CN) screen and/or the Management Information System (MIS). Timeframes begin with the documented date of crisis for purposes of determining compliance with LIHEAP statute.

### **Documenting Disconnect Date**

The date of disconnect should be clearly documented on the LIHEAP Case Notes (E1CN) screen and/or the Management Information System (MIS).

**NOTE:** Some home energy suppliers do not issue disconnect notices, but rather automatically disconnect service after the “final due date” on the home energy bill. The disconnect date should be documented as the day after the “final due date”.

### **Cold and Hot Weather Rules**

Missouri State Statute addresses time periods which prohibit the termination of energy services to customers when certain extreme weather conditions exist. The statutes apply to regulated and non-regulated energy vendors.

Certain temperature guidelines determine whether the rules go into effect. The months of the year in which these rules may apply is as follows:

Cold Weather Rule – November 1 through March 31

Hot Weather Rule – June 1 through September 30

Should an applicant present proof a crisis exists for purposes of receiving ECIP funds, the agency should verify with the energy provider whether the service will be terminated or is actually terminated or whether the service will continue due to the cold or hot weather rules. If the service remains on due to one of these rules, the 18/48 hour requirements do not begin until the day after the service will actually be disconnected. This must be documented on the LIHEAP Case Notes (E1CN) screen or in the MIS system. **NOTE:** The documentation must show the energy vendor confirmed the particular household was being protected by the cold or hot weather rule. Agency should not assume the cold or hot weather rule is in place just because the time period qualifies for this protection.

### **PRIORITY APPLICATIONS ON CRISIS CASES**

Applications that involve a primary or secondary service being threatened or terminated must be given priority. This will require these cases be processed prior to non-crisis cases.

**NOTE:** Renters' heating and cooling costs included in their rental payment will not be entitled to receive ECIP benefits. Landlord cases, in which the landlord sends a fuel bill to the renter, are eligible to receive ECIP benefits as long as the agency receives in writing from the landlord that the applicant's service is threatened or terminated. This information should be documented on the LIHEAP Case Notes (E1CN) screen and maintained in the case record.

Applications in which the heating and or cooling source has been threatened or terminated will be considered in crisis only under the following conditions:

- An application is received which includes: a termination or disconnect notice indicating a specific disconnect date; a final billing statement advising their account has been terminated; if they are a cash on delivery (COD) customer; when the propane tank is filled at less than 20% capacity; or when a electric customer indicates their pre-paid electric is about to run out.
- An applicant contacts the agency advising their heating/cooling source has been threatened or terminated.
- The home energy supplier contacts the agency advising that an individual has their heating/cooling source threatened or terminated.

### **Service Terminated Procedures**

If one of the above conditions is met, you will use the following procedures:

- If the last two conditions are met, the worker must determine if the application has been received. If not, an application must be mailed to the individual.  
**NOTE:** The agency must mark these applications in order to identify them when they are returned.
- If the first two conditions are met and an application is on file, the worker must contact the supplier to establish that their fuel source is threatened or terminated. If so, verbally document the fuel supplier, account name, account number, address, fuel source, and the amount needed to resolve the crisis or amount to maintain service for thirty (30) days for pre-paid electric customers. The agency should confirm a monthly average for the pre-paid electric customer to determine the amount required to maintain service for thirty (30) days. This information should be recorded on the LIHEAP Case Notes (E1CN) screen, which can be accessed from any LIHEAP screen. **NOTE:** Accept applicant's statement when requesting assistance for propane tank filled at less than 20% capacity or pre-paid electric customer indicating they are about to run out.

### **Waiting Lists**

If LIHEAP funds are exhausted prior to end of the program time period, the agency will establish a waiting list consisting of the name, address, phone number and date of inquiry of potential applicants for the services.

If additional funds are released, these waiting lists can be used for subsequent LIHEAP benefits.

### **EMERGENCY SERVICES**

Emergency services can be provided to protect the health and safety of the applicant when other forms of assistance under LIHEAP will not resolve the energy related crisis.

The Contractor is allowed to utilize 2% of their ECIP Direct Service Funding for emergency needs. Agencies will need to specify in their contract a request to use funds for emergency services. Emergency services funding for blanket purchases, emergency lodging, air conditioner window units and wood stove replacement/repair will be deducted from the maximum direct services benefit amount. Additional funding up to \$400 can be used for furnace and central air replacement/repair. Recipients of emergency services funding must be LIHEAP eligible. Emergency services can be provided as long as funds are available and the services do not exceed the 2% maximum allowed. **NOTE:** The additional \$400 cannot be used as a supplement for the applicant's energy bill(s).

**NOTE:** Any appliance (central air, air conditioner window units or furnaces) purchased with LIHEAP funds must have earned the Energy Star under the Energy Star program or be documented as 100% efficient.

These services must be stated in the agency's contract and include the following:

- Blankets
- Emergency Lodging
- Furnace and Central Air replacement/repair
- Air Conditioner Window Units
- Wood Stoves

### **Emergency Lodging**

Applicants may be referred to a temporary shelter until the energy related crisis can be resolved. Emergency lodging is deducted from the maximum direct services benefits allowed of \$800 for Winter ECIP and \$300 for Summer ECIP.

### **Furnace and Central Air Replacement/Repair**

For homeowners up to \$400.00 will be provided toward furnace/central air replacement/repair to the eligible household.

### **Air Conditioner Window Units**

Purchase of air conditioner window units can be covered under direct service for Summer ECIP. Window units shall be given to the eligible household for ownership and is considered part of the allowed \$300 summer ECIP grant.

An eligible household that is income qualified must have a member who is 65 or older or have any household member that has a letter from a qualified physician or nurse practitioner stating that a life-threatening condition exists where an air conditioner will eliminate or significantly reduce the possibility of loss of life or heat related illness. The letter does not have to include the diagnosis or condition; it only has to indicate there is a need for air conditioning.

The household may submit a Statement of Medical Need Form signed by a physician or nurse practitioner instead of the letter.

Recipients of air conditioners are allowed Summer ECIP grants up to \$300 less purchase amount of air conditioner unit for the current program year. For example, if a participant qualifies for \$300 in ECIP and \$200 is used to purchase an air conditioner, this would leave \$100 remaining that can be applied to the emergency cooling bill.

If the participant has used part of the ECIP funds for the emergency cooling bill and then indicates they need an air conditioner, the remaining balance can be used to leverage funds from other sources. For example, if a participant had used \$185 to pay their electric bill and then comes in later and is in need and eligible for an air conditioner and the price of the air conditioner is \$135 and they only have \$115 remaining in ECIP summer funds, you may release the \$115 if the remaining payment can be made by participant or other resources. This would not be considered a co-payment.

An air conditioning unit cost will not be deducted from Summer ECIP for the next two federal fiscal years. Households who have previously received an air conditioner in the last two federal fiscal program years will not be eligible to receive an additional unit.

As an example, this means if an applicant receives an air conditioning unit in FFY13, they would not be eligible for a new or additional air conditioning unit until FFY16.

Each applicant must sign a completed air conditioner distribution form that will include the serial number of the air conditioner unit distributed.

### **Wood Stoves**

Wood stoves may be purchased only if the household's primary heating source is wood and a wood stove is needed to replace an unsafe unit currently in use. The cost of a wood stove replacement/repair is deducted from the direct services benefit allowed of \$800 for Winter ECIP.

## **APPLICATION PROCESSING PROCEDURES**

Once the application has been registered, you will need to review it to determine initial eligibility or ineligibility, time frames and crisis issues by using the following steps:

- Review the application to determine if all questions have been answered.
- Review the application to determine if it has been signed in ink.
- Review all documentation included with the application.
- Coordinate LIHEAP application processing, services and benefits.
- Automatic ECIP eligibility.
- Determine if a new LIHEAP application is required.

### **Review Application for All Questions Answered**

Review the Low Income Home Energy Assistance Program (LIHEAP) Heating and/or Cooling Assistance Application (EA-1) to determine if all questions have been answered. If the questions concerning:

- Review if applicant completes the citizenship question on the application form, if not the applicant must be contacted.

- Home ownership, weatherization or if anyone in the home paid child support are not answered; you presume that the answers to these are no and processing will continue.
- Fuel bill/statement questions are not answered; documentation must be secured. You may contact applicant by phone to secure the name of the supplier. Any information obtained verbally must be recorded on the LIHEAP Case Notes (E1CN) screen which is accessed from any LIHEAP screen. The note should include the name of the person contacted and information obtained.
- Landlord/Renter questions are not answered; yet the application is a landlord/renter situation; the applicable questions must be answered on the application and documentation secured through the Energy Assistance Landlord/Renter Documentation Request (EA-1E) form. You may need to contact the applicant by phone to secure the name and address of the landlord. Any information obtained verbally must be recorded on the LIHEAP Case Notes (E1CN) screen which is accessed from any LIHEAP screen. The note should include the name of the person contacted and information obtained.
- Income is not answered; income documentation must be provided unless everyone in the household is determined to be active on Food Stamps. If all members are not active on Food Stamps, you can contact the applicant by phone to obtain income information for the month prior to the date of application so the source of income may be contacted or the applicant can send in the supporting documentation to verify household member(s) income who do not receive Food Stamps. **NOTE:** Verbal verification of income amounts is not an acceptable method of income verification. Any information obtained verbally must be recorded on the LIHEAP Case Notes (E1CN) screen which is accessed from any LIHEAP screen. The note should include the name of the person contacted and information obtained.
- Resources are not answered; no action will be needed unless required by policy.

### Signature on Application

If the applicant failed to sign the LIHEAP application (EA-1) form, an Information Request (EA-1B) form and the original EA-1 must be returned to the applicant for signature. You will also retain a photocopy in the case file.

**NOTE:** Agencies will not accept LIHEAP applications containing a digital or electronic signature.

### Review All Attached Documentation

All eligibility factors must be documented in the current program year's file. If all information is not provided with the application, the applicant must be advised in writing of all information that must be documented in order to process the application.

**NOTE:** If an application is unsigned or missing documentation, the EA-1B will inform the applicant to sign and return the application or indicate the required documentation sources needed to process their application. It also informs the applicant they have ten



(10) calendar days to respond to this request. If the applicant signs and returns the EA-1 within ten (10) calendar days or provides the documentation, the application will continue to be processed. If the applicant fails to sign and return the application or provide acceptable documentation within ten (10) calendar days, the application will be denied. A copy of the EA-1B must be retained in the case file. **NOTE:** The agency may allow an additional five (5) calendar days for mailing, however the EA-1 must indicate a return date of ten (10) calendar days.

### **Coordinate the LIHEAP Application Processing, Services and Payment Benefits**

An application that indicates the household is in a crisis situation must be processed as a priority. You will also need to consider if the heat source is primary or secondary when coordinating LIHEAP benefits.

Primary heat source will be defined as electricity, fuel oil, natural gas, propane, wood or kerosene utilized as the main source for heating a residential home.

Secondary heat source will be defined as an energy source used to enable the primary heat source to work.

Home energy cooling will be defined as electricity utilized as the source for cooling a residential home.

Depending on how the EA-1 is completed and the documentation that is attached or provided, you will process based on one of the following scenarios:

- Applicant completes information for the primary heat source only. The secondary energy source information is left blank. The primary heat source is not in crisis. Process the application for the EA component.
- Applicant completes information for the primary heat source only. The primary heat source is in crisis. Process the application for the EA component. If the EA payment is insufficient to resolve the crisis, complete or refer for the ECIP component. **NOTE:** The EA component must be determined first so the availability of both funds can be used to resolve the crisis.
- Applicant completes information for the primary heat source and secondary energy source. Neither source is in crisis. Process the application for the EA component, no action is required on the secondary energy source.
- Applicant completes information for the primary heat source and secondary energy source. The primary heat source is in crisis. Process the application for the EA component. If the EA payment is insufficient to resolve the crisis, complete or refer for the ECIP component. No action would be taken on the secondary energy source as it is not in crisis.
- Applicant completes information for the primary heat source and secondary energy source. The secondary energy source is in crisis. Process the application for the ECIP component to resolve the crisis with the secondary energy source.

The application will also be completed or referred for processing of the EA component and the primary heat source. The worker must be provided with copies of all eligibility documentation to process the EA component, if a different worker completes the EA component.

- Applicant completes information for the secondary energy source. The primary heat source is left blank. The worker receiving the application must contact the applicant to acquire information on the primary heat source. Once the information is obtained, the worker must evaluate which source(s), if any, need crisis assistance and process accordingly. Process the application for the EA component. If the EA payment is insufficient to resolve the crisis, complete or refer for the ECIP component. No action would be taken on the secondary energy source if it's not in crisis. If it is in crisis, process the ECIP component to resolve the secondary energy source crisis.
- Applicant completes information for the primary heat source and secondary energy source. Both sources are in crisis. Process the application for the EA component first. The application would then be completed or referred for the ECIP component for additional funds, if necessary, to resolve the crisis on the primary heat source. The crisis on the secondary energy source would also be evaluated for services depending on availability of additional ECIP funds to assist that source.

**NOTE:** There are times when an applicant is claiming their secondary energy source as their primary heating source. A secondary energy source can also be an alternate heating source. The primary and secondary heating source is based upon self-declaration from the application. This may require the agency to contact the utility vendor to set up special accommodations to meet the need of the applicant.

### **Automatic ECIP Eligibility**

If the applicant is approved for LIHEAP during the current program year and neither the address nor supplier has changed, the applicant is automatically eligible for additional Winter funds and/or Summer ECIP. No further documentation of basic eligibility is required. The agency responsibility is limited to the following:

- Initiating ECIP action when the LIHEAP applicant indicates they are in crisis.
- Secure E1RG terminal screen print to document LIHEAP approval.
- Documentation including the bill/shut off notice or verbal supplier documentation on the LIHEAP Case Notes (E1CN) screen which is accessed from any LIHEAP screen that indicates the applicant's need for crisis assistance including threat/termination or need for emergency services. **NOTE:** The bill/shut off notice will need to be date stamped indicating when application/request for crisis was made or in the case of verbal supplier documentation, the date will need to be noted on the LIHEAP Case Notes (E1CN) screen.
- Establish the amount of assistance required to resolve the energy related crisis.

**NOTE:** Applicants who do not meet the automatic eligibility criteria above will follow regular application procedures to apply for ECIP.

## NEW LIHEAP APPLICATIONS

A new LIHEAP application is required for the ECIP component in the following situations:

- Applicant did not apply for EA and the EA program is closed.
- Applicant was denied EA in the current program year and applies for ECIP during the summer.
- Applicant was previously approved for EA or ECIP in the current program year and is now applying for additional crisis assistance at a different address or declaring a different supplier but the same energy source that was previously approved.

In the above situations, a new LIHEAP application (EA-1) would be completed. All eligibility factors must be documented.

**NOTE:** The applicant may declare a different supplier for the summer cooling program. An example would be when the household uses electric for the summer cooling source and uses tank propane for the winter primary heating source. In this situation, a new LIHEAP application (EA-1) may not be required. The application would be processed based on the crisis with the secondary energy source from the original LIHEAP application.

## DOCUMENTATION

The household's eligibility status must be documented in the current case file. Unless otherwise noted, these documentation policies and procedures apply for both EA and ECIP.

Documentation is defined as:

- Legible photocopy of original source document(s), including agency file;
- Computer printouts from FSD and supplier data bases; or
- Verbal recording on LIHEAP Case Notes (E1CN) screen as specified in policy.

**NOTE:** The applicant is responsible for providing all necessary documentation to establish eligibility unless the agency has access to the documentation using the sources identified above.

Any documentation from prior year's application(s) that is being used in the current year's application must be moved forward in order to be included in the current application.

If all information is not provided at the time of application, the applicant must be advised in writing using the Information Request (EA-1B) form to request the information that must be documented in order to process their application. **NOTE:** The applicant must be given a minimum of ten (10) calendar days from the date of request to provide all

necessary documentation. A copy of the EA-1B must be retained in the file. If the applicant does not provide the requested information by the due date, the application will be denied. **NOTE:** The agency may allow an additional five (5) calendar days for mailing, however the EA-1B must indicate a return date of ten (10) calendar days. EA-1B procedures do not apply to the Energy Assistance Landlord/Renter Documentation Request (EA-1E) form.

The following case factors must be documented, when applicable:

### **Citizenship and Legal Permanent Resident Status**

Each household member must either be a citizen of the United States or admitted for legal permanent residence. Individuals not meeting these criteria will be excluded from the household count. Any income made available to the household will NOT be counted as income.

If an applicant or household member refuses to document their status, the entire household is ineligible. United States citizenship will be documented by applicant statement.

If the applicant failed to complete the citizenship question on the application form, the applicant must be contacted and their statement recorded on the LIHEAP Case Notes (E1CN) screen, which is accessed from any LIHEAP screen.

Legal permanent residence status will be documented by:

- FAMIS screens, if the individual is a member of an active Food Stamp case;
- U.S. Citizenship and Immigration Services (USCIS) Form I-551 Permanent Resident Card;
- Re-entry Permit (a passport booklet for lawful permanent residents);
- USCIS Form I-94, Arrival and Departure Record. This form must be annotated with one of the following terms or a combination of terms including refugee, parolee, paroled, asylum. Annotated with 204, 207, 208, 212 (d) (5), 243 (h), or 244 of the INS Act. **NOTE:** Micronesians or Marshall Islanders with I-94's or I-94A's stamped CFA/MIS or CFA/RMI are not considered admitted for legal permanent residence status and are ineligible for LIHEAP benefits;
- USCIS Form I-688. This form must be annotated with a reference to Section 210 (a) of the Immigration and Nationality Act (Form I-688A or B is not acceptable);
- USCIS Forms G-845 and G-845 Supplemental, Document Verification Request forms. These forms may be downloaded from the USCIS website.

If another document is provided that is not identified above, clearance must be obtained prior to approval by FSD. Under no circumstances will the U.S. Citizenship and Immigration Services (USCIS) be contacted. It is the applicant's responsibility to provide documentation of legal permanent resident status.

**NOTE:** Social Security cards and Individual Taxpayer Identification Number (ITIN) documents are not documents that may be used to verify citizenship or legal permanent residency status.

In December 2009, Puerto Rico passed Law 191 which voids all Puerto Rican birth certificates issued prior to October 1, 2010. Voided Puerto Rican birth certificates cannot be used to verify identity or United States Nationality. New birth certificates are available after October 1, 2010 for those who apply. Voided Puerto Rican birth certificates may only be used to verify age if no other verification is available.

## **Social Security Numbers**

Social Security Numbers must be documented for each household member. Documentation is limited to the following sources:

- Award Letters
- Copies of documentation on file
- Drivers License that includes SSN
- HUD-5059
- Medicare Card, if client is primary beneficiary (Code A)
- Military ID Card
- Monthly Bank Statement
- E1ES, FAMIS screens (see note below)
- School Records
- Social Security Benefit Check (if claim suffix is A or D)
- Social Security Card (Not metal)
- SSA-2458 or SSA printout
- State ID Card
- Tax Forms, W-2 Form
- Third Party Confidential Query (E1SI)
- Wage Stubs [if all nine (9) digits appear]

**NOTE:** The Employment Security (E1ES) screen may only be used to verify a SSN when the full name appears on the screen. Typically, this only occurs when the member is actively receiving Unemployment Compensation.

**NOTE:** If FAMIS screens are used to document any household member(s) SSN, a screen print is required to be included in the LIHEAP case file. This requirement applies to Category A, B and C cases as information in FAMIS changes, thus creating a potential inability to retrieve the documented information at a later date.

## **Individual Taxpayer Identification Number**

An Individual Taxpayer Identification Number (ITIN) is a tax processing number used by the Internal Revenue Service (IRS). It is a nine-digit number resembling a SSN, but always begins with the number nine (9). ITIN's are issued to those who are not eligible for a SSN. ITIN documents are not documents that may be used to verify an individual's Social Security Number and should not be entered into the Social Services Common Area for purposes of assigning a Departmental Client Number (DCN). If the member does not have a SSN, they should not be added to the Common Area.

## Pseudo Social Security Number Procedures

Any household member that does not have a Social Security Number must be advised to apply for one at the Social Security Office. Once the application for a Social Security Number has been documented, a pseudo number for that household member can be assigned.

Documentation will consist of a signed and dated statement or SS-5 from the Social Security representative or a Receipt for Application for a Social Security Number (SSA-5028). The applicant must be advised to return the statement, SSA-5028 or copy where it must be retained in the case record. The applicant must be advised to report the assigned Social Security Number once it is received.

If the applicant does not provide documentation within the specified time frame, the application will be denied.

There are two exceptions to this requirement:

- Applied or receiving Income Maintenance (IM) services. If the individual(s) without a Social Security Number has applied or is active in any IM Program including Food Stamps or is in Foster Care, a pseudo number will be automatically assigned. It will be necessary to document the IM status using the Income Maintenance Participation screen and Food Stamps using FAMIS and to document foster care status in writing from the Social Service Worker.
- If the household member is one year of age or younger from the month prior to the date of the application, a pseudo number will automatically be assigned. The applicant's declaration of the child's birth date will be accepted.

The county office must maintain a list of the assigned pseudo numbers. Numbers will be assigned numerically by county number as indicated in the following example:

<u>County #:</u>	<u>Sequential #</u>	<u>Household Member</u>	<u>Applicant Name</u>	<u>SSN</u>
Clay	024 - X0 – 0001	James Thomas	Jim Thomas	XXX-01-7048
	024 - X0 – 0002	Mae West	Shirley West	XXX-01-7011

**NOTE:** Once a pseudo SSN has been assigned to an applicant or household member, a NAME SEARCH should be completed the following LIHEAP season to ensure the same pseudo number is assigned in subsequent seasons should a pseudo SSN still be required. If the applicant or household member now has a SSN, this should be used on the LIHEAP system in place of any previously assigned pseudo SSN's. Pseudo SSN's do not auto-populate to LIHEAP screens from previous fiscal years.

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

**LIHEAP Registration**

Applicant  
SSN: 024X00001  
Fiscal Year (FY): 12  
Program Type: EA

Message: Enter SSN

Inquiry Print

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP  
S024 SCLR S019

### REGISTERING AN APPLICANT ON E1RG USING A PSEUDO SSN:

1. After signing onto the EA System the E1RG screen will display with the following message, "ENTER SSN".
2. Assign a PSEUDO SSN using the county code (reference Appendix C) in which the applicant resides.
3. Type this pseudo SSN in the SSN field and click on INQUIRY. A message will display, "Enter Applicant Information, Verify (YES) that Data is Correct and Click Save Button". **NOTE:** An applicant information field will open up. The county will auto-populate based upon which county was used in the pseudo SSN.
4. Type applicant Last Name.
5. Type applicant First Name and MI.
6. Type applicant Date of Birth.
7. Type applicant Gender.
8. Type YES in the VERIFY Box and click on SAVE. A message will display, "Registration Complete".

Missouri Department of  
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E1RG

### LIHEAP Registration

Applicant  
SSN: 024X00001 DCN: Agency: A18 - USCAA County: 024 - CLAY Last UserID: MCKEORJ

**Applicant Information**

Last: First: MI: Date of Birth: Gender: Verified: NO

Fiscal Year (FY): 11 Program Type: EA Registration Date:

Message: Enter Applicant Information. Verify (Yes) If Applicant Data Is Correct And Click Save Button

Verify: (Enter YES to Confirm)

Inquiry Save Print

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP

S024 SCLR S019

## Age

Age must be documented if the applicant or spouse is age 65 or older as of the date of the application. If both are 65 or older, documentation is required only on one person.

Documentation is limited to the following sources:

- Birth Certificate
- Census Bureau Report
- Drivers License
- Income Maintenance Participation and FAMIS screens
- Insurance Policy
- Medicare Card
- Military ID Card
- SSA 2458
- State ID Card
- Third Party Confidential Query (E1SI)

To document SSN and age, you can access the FAMIS system and find this documentation on the FAMIS SuperCase screen. This screen can be accessed by clicking on the S024 screen.



The screenshot shows the Missouri Department of Social Services website. At the top, the header includes the Missouri Department of Social Services logo and the names of the Governor (Jay Nixon) and Interim Director (Brian Kinkade). Below the header, there is a section for the Social Security Number Search. This section includes a prompt to enter a nine-digit Social Security Number, a text input field containing '149999999', and a 'Search' button. Below the search field, there are labels for 'SSN Requested:' and 'Verification Indicator:'. Further down, there are labels for 'DCN', 'Name:', 'Alias:', 'DOB:', and 'Race:'. At the bottom of the search section, there is a red text prompt 'ENTER SOCIAL SECURITY NUMBER' and a button labeled 'RACE/ETHN/LANG(S030)'. Below the search section, there is a list of links for various search functions: Client Search(SCLR), DCN Search(S019), SSN Search(S024), SSN Search(SSSN), Participation Search(SPAR), Name Search(SNME), Client Race/Ethnicity/Language Inquiry(S030), Update Client Information(SUPD), and LIHEAP Registration(E1RG). The footer of the website includes the 'mo.gov' logo and links for Privacy Policy, Accessibility, Governor Jay Nixon, State Agencies, and Define Services. The browser's address bar shows 'Internet' and the page is zoomed to 100%.

### SEARCHING FOR SSN AND AGE INFORMATION:

1. Type the person's Social Security Number on the S024 screen.
2. Click on SEARCH.

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

Department Client Number(DCN)

**Social Security Number Search**

SSN: 149999999

Information returned for SSN: 149999999

DCN	NAME	R/S	DOB	SSN	VER
<input type="checkbox"/> P	RONIN MARVIN L	1M	10/10/1951	149-99-9999	X

S008: END OF DATA.

Search | Client Search(SCLR)

Click on the ☐ P button before the DCN for "Participation Search(SPAR)"

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

(DCN1024A) Wednesday, September 21, 2011 4:42:48 PM

#### ACCESSING PARTICIPATION SEARCH:

1. The screen will display, "INFORMATION RETURNED FOR SSN".
2. Click on the "P" in the small box to the left of the DCN.
3. The Participation Search screen will display.

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

Department Client Number(DCN)

**Participation Search**

Please enter the eight digit Department Client Number.

DCN:

The requested DCN is associated with **RONIN MARVIN L**.

You may click the following button(s) to transfer to their page.

[Income Maintenance](#) [Claims & Restitution](#) [FAMIS](#) [FACES](#)

They also participate in:

- Food Stamps(Old) - Child Support Enforcement - EPSDT - Senior Services - SS - EA - PHS - Buyin - MACSS - SEAS - Futures - MMIS - MOHSAIC - EBT - FAMIS-MED - FACES

Enter a new DCN or click a system participation button.

[Submit](#)

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

(DCN1056A) Thursday, September 22, 2011 3:52:48 PM

**FAMIS SEARCH:**

1. Click on the FAMIS button.
2. The LIHEAP /FAMIS Program Participation screen will display.

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

Home Children Families Health Care Youth Local Offices

LIHEAP | FAMIS Program Participation

SSN: DCN: 00 Name:

Program Details

Eligibility Unit	SAB/BP	EU Status	Client Status	Client Date	Dup DCN	SuperCase Number	FSD Offices	Case Load
FS00	SP001		ACT	ACT	1/1/2010		0001330061	01001 002334
MA00	ADM001	Y	ACT	ACT	1/27/2004		0001330061	01001 002334
TA00	TAC001		CLO	CLO	5/24/2005		0001330061	01001 002334
							0000194587	01401

[S024 - Social Services SSN Search](#) | 
 [SPAR - Social Services Participation](#) | 
 [E1RG - Client Registration](#)

### ACCESSING SUPERCASE INFORMATION FROM LIHEAP /FAMIS PROGRAM PARTICIPATION SCREEN:

1. Click on SuperCase Number that has an ACT status in the EU column.
2. The FAMIS SuperCase Member List screen will now display.

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

Home Children Families Health Care Youth Local Offices

LIHEAP | FAMIS Supercase Member List

Address Details

SCN	Street	City	State	Zip	County
0001330061	1206 PANNELL ST	COLUMBIA	MO	65201 Ext: 478006	0010

Supercase Members

Last Name	First Name	Middle Name	DCN	SSN	Birth Date	Race	Sex
NICHOLSON	DOUGLAS	JEROME	00		2/23/1962	2	M
NICKENS	ROBERTA		00		10/18/1965	1	F
WILLIAMS	JERMAINE	B	00		2/11/1974	2	M

[S024 - Social Services SSN Search](#) | 
 [E1RG - Client Registration](#) | 
 [FM0J - EU Summary](#)

This will display both SSN and Birth Date, which can be printed and used as documentation for the LIHEAP file. **NOTE:** Due to privacy issues this screen print is not displaying DCN and SSN information that would display in the system.

## Disability

Disability must be documented if the applicant or spouse is disabled as of the date of the application. If both are disabled, documentation is required only on one person.

**NOTE:** Disability should be recorded as YES on the LIHEAP Member (E1MM) screen for any disabled household member whenever the agency is aware of disability as this data is used for statistical purposes.

Disability is defined as total and permanently disabled or blind and is receiving one or more of the following:

- Civil Service Disability
- Medical Assistance
- Railroad Retirement Disability Benefits
- Social Security Disability Benefits
- State Aid to the Blind
- State Blind Pension
- State Supplemental Payments
- Supplemental Security Income Program
- Veterans Administration Disability Benefits

Documentation will be limited to the following sources:

- Award Letter
- Bank Statement indicating applicant/spouse receive SSI (under age 65)
- Benefit Check (with claim suffix A, DI, DC OR HA)
- Income Maintenance Participation screen (if under 65 case ID code letter E on active cases)
- FAMIS Participation screen, Eligibility Unit Summary for EU notes as MA00#####ADM001
- Medicare Card
- SSA-2458
- Third Party Confidential Query Screens (E1SI/E1SN)
- VA toll free number (must be recorded on LIHEAP Case Notes (E1CN) screen)

If the applicant or spouse meet both the age and disability criteria, either factor may be documented.

When a member is under the age of sixty-five (65) and the FAMIS Participation screen (MA00#####ADM001) indicates a role of IN or the member provided a Medicare Card, the disability field can be recorded as YES on the LIHEAP Member (E1MM) screen. When a member is sixty-five (65) or older and known to be disabled, either through an award letter or other form of past documentation (previous years case, E1SI showing a disability begin date, etc.), the disability field can be recorded as YES on the LIHEAP Member (E1MM) screen.

**NOTE:** Mail-out applications sent to households denoted elderly and/or disabled by use of an asterisk (\*) or “o” should not be considered a document that verifies disability.

## Resources

Resources are defined as the following:

- Annuities
- Bonds
- Certificate of Deposit (CD)
- Deposits in banks, savings and loan companies, credit unions and other financial institutions
- Individual Retirement Account (IRA)
- Keogh’s and Deferred Compensation Plans
- Money Markets
- Mutual Funds
- Stocks

**NOTE:** Households will be ineligible if total resources exceed \$3,000 after rounding down.

Resources will be considered available unless documented by the institution holding the resources that they are restricted or inaccessible. If the household provides documentation that it has access to only a portion of the resources, only the value of that portion will be counted toward the resource maximum.

The household is responsible for reporting all resources held at the time of application or acquired while the application is in process. The total value of all resources owned by each household member must be determined prior to approving the application. If documentation is required, the amount of resources will be determined as of the date the documentation is received.

For Category A cases you will enter zero for the resource amount on the E1AP screen. This is a required field in order to proceed with the E1AP screen for all cases.

**NOTE:** If the applicant declares excess resources on the LIHEAP application (EA-1), resources must be documented.

Resources must be documented for Category B and Category C cases only when the:

- Applicant declares resources in excess of the resource maximum. The worker must attempt to document the household’s resources and if the applicant refuses or fails to provide documentation, the application must be denied on the basis of excess resources. **NOTE:** Tax refunds received in the last twelve (12) months by any household member must be subtracted from the total resource amount. If the difference between the households reported assets and the amount received from tax refund(s) does not exceed the resource maximum, the household would meet the resource eligibility criteria.

- Applicant's declaration is inconsistent with prior years' resource information which could affect eligibility. Applicant's resources were documented in the prior year or caused ineligibility in the prior year.
- Applicant was initially denied on excess resources and reapplies.

The only acceptable documentation of resources will be:

- Current bank statement (this does not include checkbooks and/or passbooks);
- Written statement from the issuing agency; and/or
- Certificate of Deposit (CD).

### **Customer Account Name**

The fuel bill or statement can be in any household member's name (as long as age requirements are met). The individual named on the fuel bill or statement will be considered the account holder. If the account is in the name of an individual not living in the household or an ineligible individual, an account name change is required.

### **Customer Account Name Changes**

If the fuel bill or statement is in the name of a minor (age 17 or less), a name change is required, unless the minor is the oldest household member and is actually responsible for paying the household's home heating costs.

If the fuel bill or statement is in the name of a minor under the age of 15, a name change is required to avoid automatic denial of the application.

On a multiple named fuel bill, only one individual will be eligible to receive benefits at a specific address. To determine this, all names on the fuel bill must be cleared against the LIHEAP files.

The following are additional times when a name change to the account must be made:

- If the name on the fuel bill is listed in care of (c/o), a name change is required.

Example:                      John Doe c/o John Smith (EA applicant)

- A name change is required when the name is that of a widow(er).

Example:                      Fuel Account Name - Mrs. John Smith  
   Legal Name - Mary Smith

If the applicant refuses or fails to have the account name changed, their application will be denied.

## Exceptions to Customer Account Name Changes

The following are some exceptions to the requirement concerning customer account name changes:

- Listed in more than one name and one of the household members is one of the persons listed.
- Listed in the name of a household member, however, the name on the account is not the individual's complete legal name. When a nickname is used, it must be a derivative of the legal name and the legal name must be documented.

Example:                      Fuel Account Name - Billy J. Reynolds  
    Legal Name - William J. Reynolds

- When a middle name is used on the account, it must be documented as part of the individuals' legal name.

Example:                      Fuel Account Name - Larry White  
    Legal Name - Jason Larry White

- Listed in the name of the landlord and the household is paying the landlord for their home energy costs.
- Listed in the name of a guardian and the guardianship is documented.

The account name will be documented by the fuel bill or statement. If the account requires a name change, written or verbal documentation from the supplier will be acceptable. If verbal, the worker must record who was contacted and when the account name was changed on the LIHEAP Case Notes (E1CN) screen which is accessed from any LIHEAP screen. The account name can be entered on the LIHEAP Application (E1AP) screen without changing the members name on E1MM.

## HOME ENERGY SOURCE / SUPPLIER

Documentation of natural gas, electricity, tank propane and fuel oil will not be required for the EA component for cases approved in the prior year if all of the following conditions are met:

- Same participating home energy supplier

**NOTE:** If the supplier was non-participating in the prior year, but is now a participating supplier, this exception will still apply.

- Same heat source
- Same account name
- Same account address



If the documentation procedure described above does not apply, the following procedures must be used when documenting the LIHEAP energy source:

- **Natural Gas/Electricity**

There are five (5) documentation source options:

- A complete bill or stub that identifies account name, address and account number which is dated no earlier than two billing periods prior to the application date for active accounts or a final bill dated later than March 31 of the previous program year.

**NOTE:** If bill/stub does not meet the required time frame or does not identify the account name, verbal documentation must be obtained from the fuel supplier.

- Verbal documentation obtained from the supplier must be recorded on the LIHEAP Case Notes (E1CN) screen which is accessed from any LIHEAP screen and should include the date contacted, person contacted, current account name, current address, customer account number and fuel type.
- A current written statement from the fuel supplier documenting the account name, number and address. **NOTE:** For pre-paid electric customers, the statement should also include the amount to maintain service for thirty (30) days which can be determined by the supplier indicating an average monthly use.
- A current computer printout from the fuel supplier documenting the customer account name, number and address.
- A paid deposit receipt from the fuel supplier documenting the customer account name and address.

- **Fuel Oil, Propane, and Kerosene**

There are three (3) documentation sources:

- A fuel supplier bill or delivery ticket that identifies the customer name and indicates the applicant has purchased fuel or paid on an account on or after July 1 of the current program year.
- A current written statement from the fuel supplier documenting that the applicant is a current customer.

**NOTE:** If the fuel supplier bill, delivery ticket or written statement does not indicate a fuel purchase or payment on or after July 1, verbal documentation must be obtained from the fuel supplier.

- Verbal documentation obtained from the supplier must be recorded on the LIHEAP Case Notes (E1CN) screen which is accessed from any LIHEAP

screen and should include the date contacted, person contacted, current account name, current address, customer account number and fuel type.

- **Wood Including Wood and Corn Pellets**

The only acceptable documentation source will be a statement from the supplier dated July 1 or later in the current program year, indicating the applicant has purchased wood or pellets and has been charged for this or paid for labor to cut wood.

The wood statement must include the date of purchase/charge, supplier name, buyer's name and amount paid.

**NOTE:** Households that cut their own wood will not be eligible.

## **LANDLORD/ RENTER APPLICANTS**

A landlord applicant is a household who rents residential property and is responsible for heating and or cooling costs that are separate from the rent. In a landlord case the landlord bills the household directly.

A renter applicant is a household with heating/cooling costs included in their rent.

**NOTE:** Renter applicants are eligible to receive EA benefits; however, they are not eligible to receive ECIP benefits. Landlord cases, in which the landlord sends a fuel bill to the renter, are eligible to receive ECIP benefits as long as the agency receives in writing from the landlord that the applicant's service is threatened or terminated. This information should be documented on the LIHEAP Case Notes (E1CN) screen and maintained in the case record.

If the landlord/renter applicant has the same mailing address as their landlord, such as General Delivery or the same route/box number, it must be documented that they are living in separate households on the LIHEAP Case Notes (E1CN) screen.

For an applicant's LIHEAP, including both EA and ECIP documentation, a signed and completed Energy Assistance Landlord/Renter Documentation Request (EA-1E) must be in the record. If the landlord has an out-of-town or state address, the receipt of the EA-1E is still required. The EA-1E must be received within the application processing time frame.

**NOTE:** The application cannot be denied prior to the deadline because the EA-1E has not been received.

**NOTE:** A new EA-1E/receipt is not needed if the applicant is denied and reapplies within thirty (30) days declaring the same landlord situation. Any change, alteration or unclear information must be resolved with the landlord and recorded on the LIHEAP Case Notes (E1CN) screen.

The following questions are found on the Energy Assistance Landlord/Renter Documentation Request (EA-1E) form. The answer to these questions will determine whether you are dealing with a Landlord or a Renter situation.

**Question #1:** “Is the above individual living in the property at the above address?”

**Question #2:** “Do you live in a separate household from your tenant?”

If answered “No”, applicant must be contacted concerning correct household composition.

**Questions #3, 4 and 5:** Answers to these questions will determine landlord/renter status.

Use the form below as a guide in assisting you to determine if you have a Landlord or Renter situation.

<b><u>QUESTION</u></b>					
<b>EA – 1E</b>					
<b><u>ANSWER NO .</u></b>	<b><u>3</u></b>	<b><u>4A</u></b>	<b><u>4B</u></b>	<b><u>5</u></b>	<b><u>RESULT</u></b>
	Y	Y	Y	N/A	<u>RENTER</u>
	N	Y	Y	N/A	<u>RENTER</u>
	N	N	N/A	Y	<u>LANDLORD</u>
	Y	N	N/A	Y	<u>LANDLORD</u>
	N	Y	N	N/A	<u>RENTER</u>
	Y	N	N/A	N	<u>DENIED</u>
	Y	Y	N	N/A	<u>DENIED</u>
	N	N	N/A	N	<u>DENIED</u>

**Question #6:** The monthly amount of rent actually paid by the applicant is used to determine the benefit amount for Renter applicants. **NOTE:** If the rental amount paid by the applicant (as indicated on the EA-1E) exceeds the gross documented household income, the landlord must be contacted to clarify payment of rent. Verbal documentation recorded on the LIHEAP Case Notes (E1CN) screen will be acceptable. If the applicant is actually paying a lower amount, use only that figure to determine the benefit amount.

If the landlord declares the applicant is actually paying the amount indicated, the applicant must be contacted to secure an explanation.

One explanation could be unreported income or available resources. The worker will record the explanation on the LIHEAP Case Notes (E1CN) screen, document any unreported income and calculate the benefit level based on the amount of rent paid. If the unreported income and or resources exceed specified maximums, the application will be denied.

Another explanation could involve a change in household income (currently employed but not employed in the prior computation month). If so, record the explanation on the LIHEAP Case Notes (E1CN) screen and calculate the benefit amount based on the amount of rent paid.

Another possibility could involve an individual and or organization assisting the applicant with the rental payment. If the assisted rental payment is paid directly to the household, the individual and or organization must be contacted to provide hard copy documentation of the income. The assisted rental payment will be included as income to the household and the benefit level will be calculated based on the total amount of rent paid.

If the assisted rental payment is paid directly to the landlord, it will not be counted as income. Only the amount of rent actually paid by the applicant will be used to determine the benefit level.

All information obtained from the applicant, individual or organization must be recorded on the LIHEAP Case Notes (E1CN) screen.

If the household fails to provide an adequate explanation or if rent is not being paid, the application will be denied.

If the applicant is living in subsidized housing (Question 3 is answered Yes), use only the amount paid by the applicant, not the total rental charges to determine the benefit amount.

**NOTE:** If it is determined to be a landlord situation, the amount of rent is not a determining factor of eligibility.

## **INCOME**

Income includes both earned income and unearned income.

Earned income is defined as the following:

- Wages including regular pay, vacation, sick leave, bonuses and tips
- Self-employment earnings
- Sheltered Workshop
- Supported Employment (administered by the Division of Vocational Rehabilitation)
- Roomer/boarder income
- Other payments for services rendered

Unearned income is defined as the following:

- Adoption Subsidies
- Alimony or Spousal Support
- Armed Forces Allotments
- Black Lung
- Blind Pension (BP)

- Child Support
- Foster Care (FC)
- Government Employee Pensions
- Installment Payments
- Private Pensions
- Railroad Retirement Benefits (RRB)
- Rent Payments received on Land/Buildings
- Royalties
- Social Security Administration Benefits (SSA)
- Strike Benefits
- Supplemental Aid to the Blind (SAB)
- Supplemental Security Income (SSI) Disability Payments
- Supplemental State Payments (SSP)
- Support from an individual(s) outside the LIHEAP household including contributions, personal loans, stipends and allotments from nursing homes
- Temporary Assistance for Needy Families (TANF)
- Unemployment Compensation Benefits (UCB)
- Veterans Administration
- Workman's Compensation

**NOTE:** Tax refunds are disregarded as a source of unearned income.

All gross earned and unearned income for each household member must be documented. If the declared income minus allowable deductions/exclusions exceeds the maximum, documentation will not be required.

Documentation for households classified as Category A where all members are receiving Food Stamps will consist of information from the FAMIS System.

For households with no members receiving Food Stamps (Category B case), or households where some household members do receive Food Stamps and some household members do not (Category C case), income documentation for members not on the Food Stamp case must be obtained for the month prior to the month of application from the various sources identified below.

## **EARNED INCOME**

For earned income listed, the following are the only acceptable documentation sources:

- **Employment Income**
  - Payroll Check Stubs

All checks dated within the month prior to the month of application must be documented. **NOTE:** If check date is not available, pay period ending date or check deposit date will be used.

All check stubs must identify the wage earner by name or Social Security Number. If the pay stub is not dated or does not identify the wage earner by

name or Social Security Number, documentation must be obtained from the employer.

All pay periods within the income computation month must be accounted for and you cannot multiply a pay stub by 4.333 or 2.166 to arrive at a monthly amount. The following are two examples used to determine income:

- Applicant applies 12/10; only pay period ending dates are identified:

10/31 through 11/11  
11/14 through 11/25  
11/28 through 12/09

For income computation purposes, the pay periods of 11/11 & 11/25 would be counted.

- Applicant applies 2/1; pay stubs indicate a pay period ending date and a check date:

Ending date 12/30; check date 01/06  
Ending date 01/06; check date 01/13  
Ending date 01/13; check date 01/20  
Ending date 01/20; check date 01/27  
Ending date 01/27; check date 02/03

For income computation purposes, the pay stubs with check dates of January would be counted.

**NOTE:** Year-to-date pay information can be used for missing pay periods, provided the appropriate pay stubs are available. Example: Worker has Oct. 10th and 24th dated YTD pay stubs. These YTD stubs can be used to document the Oct. 17th pay stub amount.

- Verbal documentation must be recorded on the LIHEAP Case Notes (E1CN) screen and include the name of the person providing the documentation, amount of gross income, type of deductions, if any, and the date documentation was secured.
- Employee Wage Documentation Report (EA-3).
- E1ES screen when earnings are indicated in conjunction with unemployment compensation benefits. **NOTE:** This will be included only if the compensation week is in the month prior to the month of application.
- Statement from employer with current date.

- **Self-Employment/Partnership Income**

- Current Form 1040 Federal Income Tax Return. Use the amounts noted on all the following lines contained in the income section of the Form 1040 as self-employment income (losses are not to be deducted from gains):
  - Line 7 – Wages, salaries, tips, etc. when paid by self-employment/business
  - Line 12 – Business income
  - Line 13 – Capital gains
  - Line 14 – Other gains
  - Line 18 – Farm income

**NOTE:** Business expenses are deducted prior to gains being entered onto Form 1040 in the income areas. Do not allow additional deductions other than the 20% earned income deduction that the LIHEAP system will automatically apply.

- If no Form 1040, use the household member's business records for the month prior to the month of application.

- **Terminated Income**

- Employee Wage Documentation Form (EA-3).
- Employer statement (written or verbal). If verbal, record on the LIHEAP Case Notes (E1CN) screen.

**NOTE:** This includes missing pay period(s) due to temporary closings, layoffs or unpaid vacation.

- **Roomer-Boarder Income**

- Current statement (written/verbal) or canceled check indicating the amount of room/board paid in the month prior to application. Record on LIHEAP Case Notes (E1CN) screen if verbal.

## **UNEARNED INCOME**

For the unearned income sources listed below, the following are the only acceptable documentation sources:

- **Temporary Assistance for Needy Families (TANF), Supplemental Aid to the Blind (SAB) and Blind Pension (BP).**

TANF income can be documented via written documentation from FSD or the FAMIS Payment History screen. A copy of the screen must be retained in the case file. This screen can be accessed by clicking on the S024 screen.

The screenshot shows the Missouri Department of Social Services web application. The header includes the department's name and the names of the Governor (Jay Nixon) and Interim Director (Brian Kinkade). The main content area is titled "Social Security Number Search" and features a text input field for the Social Security Number (SSN). Below the input field is a red instruction: "Please enter the nine digit Social Security Number". There are two buttons: "Search" and "Client Search(SCLR)". A note below the buttons states: "Click on the P button before the DCN for 'Participation Search(SPAR)'". At the bottom, there is a list of links for various search and update functions: "Client Search(SCLR)", "DCN Search(S019)", "SSN Search(S024)", "SSN Search(SSSN)", "Participation Search(SPAR)", "Name Search(SNME)", "Client Race/Ethnicity/Language Inquiry(S030)", "Update Client Information(SUPD)", and "LIHEAP Registration(E1RG)". The footer shows the user ID (DCN1024A) and the date/time (Thursday, September 08, 2011 10:51:36 AM).

#### SEARCHING FOR TANF, SAB or BP INCOME INFORMATION:

1. Type the person's Social Security Number on the S024 screen.
2. Click on SEARCH.



Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

Department Client Number(DCN)

**Social Security Number Search**

SSN: 149999999

Information returned for SSN: 149999999

DCN	NAME	R/S	DOB	SSN	VER
<input type="checkbox"/> P	RONIN MARVIN L	1M	10/10/1951	149-99-9999	X

S008: END OF DATA.

Search | Client Search(SCLR)

Click on the ☐ P button before the DCN for "Participation Search(SPAR)"

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

(DCN1024A) Wednesday, September 21, 2011 4:42:48 PM

#### ACCESSING PARTICIPATION SEARCH:

1. The screen will display, "Information Returned For SSN".
2. Click on the "P" in the small box to the left of the DCN.
3. The Participation Search screen will display.

Jay Nixon, Governor  
 Brian Kinkade, Interim Director

Department Client Number(DCN)

**Participation Search**

Please enter the eight digit Department Client Number.

DCN:

The requested DCN  is associated with **RONIN MARVIN L .**

You may click the following button(s) to transfer to their page.

They also participate in:

**- Food Stamps(Old) - Child Support Enforcement - EPSDT - Senior Services - SS - EA - PHS - Buyin - MACSS - SEAS - Futures - MMIS - MOHSAIC - EBT - FAMIS-MED - FACES**

Enter a new DCN or click a system participation button.

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

(DCN1056A) Thursday, September 22, 2011 3:52:48 PM

### FAMIS SEARCH:

1. Click on the FAMIS button.
2. The LIHEAP /FAMIS Program Participation screen will display.

Jay Nixon, Governor  
 Brian Kinkade, Interim Director

[Home](#)   [Children](#)   [Families](#)   [Health Care](#)   [Youth](#)   [Local Offices](#)

**LIHEAP | FAMIS Program Participation**

SSN:     DCN:  00    Name:

**Program Details**

Eligibility Unit	SAB/BP	EU Status	Client Status	Client Date	Dup DCN	SuperCase Number	FSD Offices	Case Load
FS00	SP001		ACT	ACT	1/1/2010	0001330061	01001	002334
MA00	ADM001	Y	ACT	ACT	1/27/2004	0001330061	01001	002334
TA00	TAC001		CLO	CLO	5/24/2005	0001330061	01001	002334
						0000194587	01401	

[S024 - Social Services SSN Search](#)   |   [SPAR - Social Services Participation](#)   |   [E1RG - Client Registration](#)

### ACCESSING TANF/SAB/BP CASE FROM LIHEAP/FAMIS PROGRAM PARTICIPATION SCREEN:

1. If the Eligibility Unit column displays a case number preceded by the letters TA, if a TANF case. Click on the Eligibility Unit number for the TA for TANF case.
2. The LIHEAP FAMIS Eligibility Unit Summary screen will now display.

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LIHEAP | FAMIS Eligibility Unit Summary

**Eligibility Unit Details**

SCN	EU	EU Status	EU Status Date	FSD Office	Case Load
0001330061	TA00	TAC001	CLO	5/24/2005	01001 002334

Name	User ID	Supervisor ID	Future Eligibility (Yes/No)
ROB NICKENS	RILEFNZ	CREE0AK	N

**Application Details**

Application Date	Application Entered Date	Eligibility Begin	Eligibility End
10/23/2000	10/23/2000	000000	

**Eligibility Unit Members**

Name	Birth Date	Role	Reason	DCN	Role Begin Date	Role End Date
ROB NICKENS	10/18/1965	EX			5/24/2005	
MICH NICKENS JR	7/30/1987	EX			5/24/2005	
MAT M NICKENS	12/12/1988	EX			5/24/2005	

FMOD Program Participation | E1RG - Client Registration | Payment History

**NOTE:** This screen lists the persons associated with this TANF.

### ACCESSING THE LIHEAP/FAMIS PAYMENT HISTORY:

1. Click on the Payment History link at the bottom of the screen.
2. The LIHEAP/FAMIS TAC Payment History screen will be displayed. **NOTE:** These screens are only used to document TANF income on Category B and C cases.
3. Print this screen for the case file.

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LIHEAP | FAMIS TAC Payment History

EU: TAO      TAC001      Name: ROB      NICKENS

Payment Details

Benefit Month	Issuance Date	Issuance Number	Status Type	Payroll Type	Gross Amt	Recoup Amt	Net Amt	Pay Category
May 2005	5/4/2005	D03868778AGE	AGE	REG	\$234.00	\$0.00	\$234.00	

[FMOD Program Participation](#) | 
 [S024 - Social Services SSN Search](#) | 
 [E1RG - Client Registration](#)

To access the SAB or BP information you will need to return to the FMOD Program Participation Screen.

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LIHEAP | FAMIS Program Participation

SSN:      DCN: 00      Name:

Program Details

Eligibility Unit	SAB/BP	EU Status	Client Status	Client Date	Dup DCN	SuperCase Number	FSD Offices	Case Load
FS00	SP001		ACT	ACT	1/1/2010	0001330061	01001	002334
MA00	ADM001	Y	ACT	ACT	1/27/2004	0001330061	01001	002334
TA00	TAC001		CLO	CLO	5/24/2005	0001330061	01001	002334
						0000194587	01401	

[S024 - Social Services SSN Search](#) | 
 [SPAR - Social Services Participation](#) | 
 [E1RG - Client Registration](#)



### ACCESSING SAB/BP CASE INFORMATION FROM LIHEAP/FAMIS PROGRAM PARTICIPATION SCREEN:

1. SAB or BP case, the SAB/BP column will display a “Y” and the Eligibility Unit will indicate MA. Click on the Eligibility Unit number for the MA for the SAB/BP case.
2. The LIHEAP FAMIS Eligibility Unit Summary will display

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LIHEAP | FAMIS Eligibility Unit Summary

**Eligibility Unit Details**

SCN	EU	EU Status	EU Status Date	FSD Office	Case Load
0001330061	MA00	ADM001	ACT	8/29/1994	01001 002334

Name	User ID	Supervisor ID	Future Eligibility (Yes/No)
ROB NICKENS	RILEFNZ	CREE0AK	N

**Application Details**

Application Date	Application Entered Date	Eligibility Begin	Eligibility End
8/26/1994	8/26/1994	112011	

**Eligibility Unit Members**

Name	Birth Date	Role	Reason	DCN	Role Begin Date	Role End Date
ROB NICKENS	10/18/1965	IN			8/26/1994	

[FMOD Program Participation](#) | 
 [EIRG - Client Registration](#) | 
 [Payment History](#)

### ACCESSING THE SAB/BP PAYMENT HISTORY:

1. Click on the Payment History link at the bottom of the screen.
2. The LIHEAP/FAMIS SAB/BP Payment History screen will be displayed. (SAB or BP identification will be denoted under the Pay Category Column). **NOTE:** These screens are only used to document SAB/BP income on Category B and C cases.
3. Print this screen for the case file.

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LIHEAP | FAMIS ADM Payment History

EU: MA00 ADM001 Name: ROB NICKENS

Payment Details

Benefit Month	Issuance Date	Issuance Number	Status Type	Payroll Type	Gross Amt	Recoup Amt	Net Amt	Pay Category
Oct 2011	10/11/2011	K06903516	ISS	REG	\$492.00	\$0.00	\$492.00	SAB
Sep 2011	9/9/2011	K06891400	PAI	REG	\$492.00	\$0.00	\$492.00	SAB
Aug 2011	8/10/2011	K06879126	PAI	REG	\$492.00	\$0.00	\$492.00	SAB
Jul 2011	7/11/2011	K06866899	PAI	REG	\$492.00	\$0.00	\$492.00	SAB
Jun 2011	6/10/2011	K06854609	PAI	REG	\$471.00	\$0.00	\$471.00	SAB
May 2011	5/10/2011	K06842353	PAI	REG	\$471.00	\$0.00	\$471.00	SAB
Apr 2011	4/11/2011	K06830212	PAI	REG	\$471.00	\$0.00	\$471.00	SAB
Mar 2011	3/10/2011	K06818030	PAI	REG	\$471.00	\$0.00	\$471.00	SAB
Feb 2011	2/10/2011	K06805796	PAI	REG	\$471.00	\$0.00	\$471.00	SAB
Jan 2011	1/10/2011	K06793493	PAI	REG	\$471.00	\$0.00	\$471.00	SAB
Dec 2010	12/10/2010	K06781082	PAI	REG	\$471.00	\$0.00	\$471.00	SAB

FM00 Program Participation | S024 - Social Services SSN Search | E1RG - Client Registration

**NOTE:** If the month you are documenting income displays anything other than REG (Regular Payroll) in the PAYROLL TYPE field, you must then document TANF/SAB/BP income for the current month. You will use the amount displayed in the Net Amount field.

- **Income Maintenance Income (IM)**

Income Maintenance income must be documented via transaction ID I066 Income Maintenance Payroll Information screen. A copy of the screen must be retained in the case file.

**NOTE:** If the month prior to the month of application indicates a retroactive deficiency payment (code C/M/X), the regular grant amount for the current month identified on I066 will be used to document income.

Listed below are the different types of IM assistance and their categorical I066 code letters. These code letters display on the I066 screen preceding the case number.

- Supplemental State Payments (SSP) - Code A, E or M

This screen can be accessed by clicking on the S024 screen.

The screenshot shows the Missouri Department of Social Services website. At the top, the header includes the state logo and the text "Missouri Department of SOCIAL SERVICES". To the right, it lists "Jay Nixon, Governor" and "Brian Kinkade, Interim Director". Below the header, the text "Department Client Number(DCN)" is visible. The main content area features a "Social Security Number Search" section with a text input field labeled "SSN:" and a "Search" button. A red message below the input field states: "Please enter the nine digit Social Security Number". To the right of the "Search" button is a "Client Search(SCLR)" button. Below these buttons, a note says: "Click on the **P** button before the DCN for 'Participation Search(SPAR)'". A list of links follows: [Client Search\(SCLR\)](#), [DCN Search\(S019\)](#), [SSN Search\(S024\)](#), [SSN Search\(SSSN\)](#), [Participation Search\(SPAR\)](#), [Name Search\(SNME\)](#), [Client Race/Ethnicity/Language Inquiry\(S030\)](#), [Update Client Information\(SUPD\)](#), and [LIHEAP Registration\(E1RG\)](#). At the bottom right of the content area, it says "(DCN1024A) Thursday, September 08, 2011 1:09:57 PM". The footer contains the "mo.gov" logo and links for "Privacy Policy", "Accessibility", "Governor Jay Nixon", "State Agencies", and "Online Services".

**SEARCHING FOR IM INCOME INFORMATION:**

1. Type the person's Social Security Number on the S024 screen.
2. Click on SEARCH.

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Department Client Number(DCN)

**Social Security Number Search**

SSN: 149999999

Information returned for SSN: 149999999

DCN	NAME	R/S	DOB	SSN	VER
<input type="checkbox"/> P	RONIN MARVIN L	1M	10/10/1951	149-99-9999	X

S008: END OF DATA.

Search | Client Search(SCLR)

Click on the ☐ P button before the DCN for "Participation Search(SPAR)"


[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

(DCN1024A) Wednesday, September 21, 2011 4:42:48 PM

### ACCESSING PARTICIPATION SEARCH:

1. The screen will display, "Information Returned For SSN".
2. Click on the "P" in the small box to the left of the DCN.
3. The Participation Search screen will display.





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Department Client Number(DCN)

**Participation Search**

Please enter the eight digit Department Client Number.

DCN:

The requested DCN                      is associated with **RONIN MARVIN L .**

You may click the following button(s) to transfer to their page.

They also participate in:

- Food Stamps(Old) - Child Support Enforcement - EPSDT - Senior Services - SS - EA - PHS - Buyin - MACSS - SEAS - Futures - MMIS - MOHSAIC - EBT - FAMIS-MED - FACES

Enter a new DCN or click a system participation button.

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

(DCN1056A) Thursday, September 22, 2011 3:52:48 PM

### INCOME MAINTENANCE SEARCH:

1. Click on the Income Maintenance (IM) button.
2. The Income Maintenance Search screen will display. **NOTE:** The letter code preceding the CASE ID indicates the IM assistance that is being provided.

1. Click on 6 circle field under the Select column.
2. The Income Maintenance Payroll Information screen will display.
3. Print this screen for the case file.

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Family Support

**Income Maintenance Payroll Information** Page - 1

Transaction Io66 Key  Date

Case No  Name

PERS	Check Number	Partial Amount	Issue Date	Codes	Status	Status Date	Restit	Xref	County	Load
00	K 6914304	\$ 53.00	111011						063	00092
00	K 6902023	\$ 53.00	101111		PD	101811			063	00092
00	K 6889688	\$ 53.00	090911		PD	091411			063	00092
00	K 6877413	\$ 53.00	081011		PD	081511			063	00092
00	K 6865189	\$ 53.00	071111		PD	071511			063	00092
00	K 6852915	\$ 53.00	061011		PD	061711			063	00092
00	K 6840754	\$ 53.00	051011		PD	051711			063	00092
00	Y 1242078	\$ 53.00	041111						063	00092
00	Y 1236607	\$ 53.00	031011						063	00092
00	Y 1231125	\$ 53.00	021011						063	00092
00	Y 1225633	\$ 53.00	011011						063	00092
00	Y 1220182	\$ 53.00	121010						063	00092
00	Y 1214933	\$ 53.00	111010						063	00092
00	Y 1209557	\$ 53.00	100810						063	00092
00	Y 1204211	\$ 53.00	091010						063	00092

MESSAGE: **Io4:MORE RECORDS**

This screen must be used to document IM income for the month prior to the month of application on Category B and C cases. If that month involves a retroactive or deficiency payment (code C, M or X preceding the check number), the regular grant amount for the current month will be used. **NOTE:** TANF/SAB and BP income must be documented using the FAMIS screens.

- **Social Security Administration (SSA), Supplemental Security Income (SSI), Veterans Administration Benefits (VA), Railroad Retirement Benefits (RRB), Black Lung Benefits, Government Employee Pensions, Private Pensions, Disability Payments, Strike Benefits or Workman's Compensation:**
  - Copy of the benefit check. **NOTE:** An exception would be for pensions since the gross amount is not always indicated.
  - 1099 R Tax Form – for pensions.
  - Copy of an award letter (SSA-2458).
  - Bank deposit slips/bank statements - Can only be used to document SSI, Social Security, Black Lung, RRB and VA, if sources are identified.
  - Active Income Maintenance screen with I code can be used to document Social Security. Select code 4 may be used to document SSI in one-person households.

- Verbal documentation of Social Security, Black Lung, SSI, VA, RRB and pensions will be acceptable. This will be recorded on the LIHEAP Case Notes (E1CN) screen as to the date contacted, person contacted and information obtained.

**NOTE:** If an individual/couple are receiving less than the maximum SSI amounts, this may indicate other available income/resources. This may involve reviewing other available Income Maintenance information.

- **Social Security Administration (SSA) / Supplemental Security Income (SSI) Documentation**

**NOTE:** Information obtained from the E1SN and E1SI screens can only be used to document LIHEAP program eligibility. This information cannot be accessed or used for other federal and state funded programs.

**NOTE:** Social Security income information may not be available if the benefits are received under a claim number that differs from the members SSN. Other documentation will need to be obtained to verify this information.

Before you will be able to access SSA and SSI information, you will need to follow the instructions included in the Introduction Section of this manual, SIGNING ONTO EA SYSTEM. When you sign on, the E1RG screen will display.

#### ACCESSING THE E1SN SCREEN:

1. Click on the E1SN BUTTON at the bottom of the E1RG screen. **NOTE:** The button will carry over the applicant SSN/DCN. If selecting to view another member, the E1SN LINK will produce a blank screen.
2. This will take you to the LIHEAP SSN Request screen.

#### ADDING INFORMATION TO E1SN SCREEN:

1. Type the Social Security Number in SSN field or the DCN in the DCN field. **NOTE:** Both numbers are not required to locate the member.
2. Click on INQUIRY.
3. Once the SSN/DCN is entered, the system will search the DSS common area. If the SSN/DCN is found, the screen will display SSN/DCN, First Name, Last Name, Date of Birth and the message, "Request Sent".
4. Review information to verify it is correct.
5. Print a copy of E1SN screen for the case file.

**NOTE:** Social Security Administration (SSA) information does not display immediately; it will involve a three day time frame in receiving the data from SSA.

To retrieve the SSA data you will access the SSA Benefit E1SI screen after the three day waiting period.

#### ACCESSING THE E1SI SCREEN:

1. Click on E1SI BUTTON or LINK at the bottom of the E1RG screen.
2. This will take you to the LIHEAP SSA Benefit screen.



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E1S1

LIHEAP - SSA Benefits Screen

DCN: [ ]

TPQY-MBR-RESPONSE

NAME:  
SSN:  
Birth Date:  
Medical Elig:  
Payment Status:  
Monthly Benefit:  
Special Pay Dt:  
Dual Entit Num:  
HI Entitl:  
Prem:  
Code:  
Stop:  
SMI Entitl:  
Prem:  
Code:  
Stop:  
Disability Began:

DCN:  
Sex:  
Entitled:  
Black Lung:  
Prior Due Amt:  
Special Pay Amt:  
Term:  
Buyin:  
Start:

TPQY-SSR-RESPONSE

Application Dt:  
Type Recipient:  
Curr Benefit Dt:  
State Amt:  
Pymt Status Code:

Eligible:  
Fed Amt:  
Disabil Pmt Cd:

Message: Enter DCN

Inquiry

E1RG E1MM E1AP E1LW E1WH E1AG E1PY E1RD E1ES E1SI E1SH E1NS E1VA E1MS E1DB E1FN E1SS E1SD  
E1CN E1VA E1CD E1PH E1ST E1CA E1CO E1CM E1HR E1B E1UP  
S021 S0LB S019

### INQUIRE AND DISPLAY SSA BENEFIT INFORMATION:

1. Type DCN from screen print in DCN field.
2. Click on INQUIRY. **NOTE:** If member deceased, will display in Bold Red letters across from the DCN field.
3. Print a copy of the screen for the case file.

The screen is divided into two sections. The first, TPQY-MBR-RESPONSE section, displays data concerning Social Security Administration (SSA) benefits and Supplemental Medical Insurance Entitlement.

- Payment Status: should indicate CURRENT PAY and Monthly Benefit will display the benefit amount.
- SMI Entitl: indicates if the person is entitled to receive Supplemental Medical Insurance (SMI).
- Buy-In: indicates if the person is in buy-in status (Y/N) and the Code field will display 260 if the state is paying their Medicare premium.

The second part of the screen, TPQY-SSR-RESPONSE section, displays data concerning Supplemental Security Income (SSI) benefits.

- Curr Benefit Dt: displays the month SSI is being received.

- Fed Amt: displays the SSI amount.
- **Unemployment Compensation Benefits (UCB)**

Missouri Unemployment Compensation Benefits must be documented using the Energy Assistance – LIHEAP Employment Security (E1ES) screen. A copy of the screen must be retained in the record. The E1ES screen is also used to document all household members age 18 and over, including all household members age 18 and over who are declaring zero income.

If out-of-state UCB is received, hard copy documentation from that state's Employment Security Office will be acceptable.

Before you can access the E1ES screen, you will need to follow the instructions included in the Introduction of this manual **SIGNING ONTO EA SYSTEM**. When you sign on, the E1RG screen will display.

#### ACCESSING THE E1ES SCREEN:

1. Click on E1ES button at the bottom of the E1RG screen. **NOTE:** The button will carry over the applicant SSN. If selecting to view another member, the E1ES link will produce a blank screen.
2. This will take you to the Energy Assistance – LIHEAP Employment Security (E1ES) screen.

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**E1ES**

**LIHEAP - Employment Security**

SSN :

Message: **Please Enter SSN**

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP

S024 SCLR S019

### DISPLAYING EMPLOYMENT SECURITY INFORMATION:

1. Type member's SSN in SSN field.
2. Click on INQUIRY.
3. Print E1ES screen for case file.

After entering the Social Security Number on the E1ES screen, you may need to scroll down the screen to view the Employment Security information.





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EIES

## LIHEAP - Employment Security

SSN :

First Name	Last Name	SSN	Birth Date	Race	Sex	Marital	Number of Dependents
	JON			2	1	9	99

Address	City St	Zip
	ST. LOUIS MO	63116

Client Name	Employer Name and Address	Wages	Quarter and Year of Wages
C JON	OPTIMUS MANAGEMENT GROUP LLC 1169 MAIN ST EAST HARTFORD CT 06108	\$ 2205.37	APR-JUN 11
C JON	OPTIMUS MANAGEMENT GROUP LLC 1169 MAIN ST EAST HARTFORD CT 06108	\$ 1291.50	JUL-SEP 11

Wages for prior quarters, if any, will be displayed first. **NOTE:** Wages cannot be documented using this screen, unless received in conjunction with UCB, since wage information is always at least a quarter behind.

The wage section will be followed by any Unemployment Compensation. **NOTE:** This screen is the only allowable documentation source for Missouri Unemployment Compensation Benefits.

Unemployment Compensation								
Client Type	Date Filed	Effective Date	Last Date Worked	Max Benefit	Weekly Benefit	Balance	Sep	SSN Changed
EXB	110303	110220	070807	\$ 4911.70	\$ 279.00	\$ 0.00	1	0
Comp Week	Check Date	Check Amount	Earnings	Remuneration	Code	Rec Flag		
110226	110304	\$ 279.00	\$ 0.00	\$ 0.00	0	5		
110305	110309	\$ 279.00	\$ 0.00	\$ 0.00	0	0		
110312	110315	\$ 279.00	\$ 0.00	\$ 0.00	0	0		
110319	110322	\$ 0.00	\$ 0.00	\$ 0.00	X	0		
110319	110324	\$ 0.00	\$ 0.00	\$ 0.00	D	5		
110319	110325	\$ 279.00	\$ 0.00	\$ 0.00	0	5		
110326	110330	\$ 279.00	\$ 0.00	\$ 0.00	0	0		
110402	110405	\$ 279.00	\$ 0.00	\$ 0.00	0	0		
110409	110415	\$ 279.00	\$ 0.00	\$ 0.00	0	5		
110416	110420	\$ 279.00	\$ 0.00	\$ 0.00	0	0		
110423	110503	\$ 279.00	\$ 0.00	\$ 0.00	0	0		
110430	110503	\$ 279.00	\$ 0.00	\$ 0.00	0	0		
110507	110512	\$ 279.00	\$ 0.00	\$ 0.00	0	0		
110514	110518	\$ 279.00	\$ 0.00	\$ 0.00	0	0		

UCB will be documented by using the Check Date and Check Amount columns. All amounts displayed for the month prior to the month of application must be included.

Earnings will be included only if displayed in the Earnings field and if the Comp Week column reflects a date in the month prior to the month of application.

**NOTE:** Income tax withholding will be counted as income and will be identified by a Code field column entry of 0 & a Rec Flag column entry of 5. Child support payments are an allowable deduction and would be denoted by an entry in the Code field column of 5 and an entry in the Rec Flag field column of 5. Any overpayments would also be an allowable exclusion as denoted by an entry of 4 in the Code field column.

- **Foster Care Payment/Adoption Subsidies**

The applicant must contact Children and Youth Services staff to secure documentation. The only acceptable documentation source is written documentation from a Social Service Worker.

- **Installment Income**

Installment income is defined as income from the installment sale of property including interest and principal less any legal obligations owed against the property.

**NOTE:** This income may not involve the month prior to the month of application procedure.

The documentation required for this income is a statement, contract and current or prior year's tax form.

- **Contributions**

Contributions are defined as possible sources of monetary assistance from family or friends, alimony or spousal support, child support, personal loans, stipends or allotments from individuals in a nursing home.

Documentation for contributions can come from a variety of sources including the following:

- Actual checks
- Contracts
- Divorce Decree
- Notes
- Notice of Eligibility for Nursing Facility/Other Vendor form (IM-62)  
**NOTE:** Verbal documentation from the nursing home will be acceptable in documenting allotments and will be recorded on the LIHEAP Case Notes (E1CN) screen
- Repayment agreements
- Signed and dated statement from friends, relatives and organizations

For child support payment documentation you can use court records, Missouri Automated Child Support System (MACSS) payment records, or access the below listed website to view the last 13 month's payments. The applicant must provide the child support case ID (associated to the member(s) receiving and/or paying child support) for you to access the information on this website.

<https://dssapp.dss.mo.gov/payments/WbMdi3OrdersByCaseListSvr.ASP>

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Home CSE Children Family Health Care Youth

**Family Support Division  
Child Support Enforcement**

Payment Information includes the last 13 months of payments and disbursements.

Please enter your eight digit Case Identification Number, the last four digits of your Social Security Number and Date of Birth then click the '**Submit**' button.

Case ID:

Last Four of SSN:

Date of Birth:  Format: 01221972

mo.gov Privacy Policy Accessibility Governor Jay Nixon State Agencies Online Services

#### ACCESSING CHILD SUPPORT PAYMENT INFORMATION:

1. Enter the eight digit Case ID, the last four digits of the Social Security Number and date of birth of the member receiving or paying child support.
2. Click on SUBMIT button.
3. The screen will display the support order(s) associated with the Case ID. Click on each support order to display the last 13 month's payments and disbursements. Check each order to determine if payments are being made on more than one order.
4. Print this screen for the case file.

Child support documentation for the person paying child support is the "payments/credits" information. **NOTE:** Only entries identified as a "payment" may be used for documentation for the person paying child support; entries identified as a "credit" may not. Child support documentation for the person receiving child support is the "payments disbursed" information. **NOTE:** Check to make sure "paid to" is for the member who is receiving child support. If not, do not include this amount in his/her unearned income.

The applicant may also provide a copy of the previous month's bank statement if it records the deposited amount as being received from an agency that is providing child support services.

- **Rental Income**

Rental income received from rental of land or buildings must be included in determining total household income. **NOTE:** CRP (Conservation Reserve Program) payments will be counted as income.

Documentation sources will consist of rent receipts, contracts, signed and dated statement from the tenant or cancelled checks.

The next step in processing the application is to associate the household members to the applicant. This data entry is completed on the LIHEAP Member (E1MM) screen.

## LIHEAP MEMBER (E1MM) SCREEN

The purpose of this screen is to enter/display all household members on a LIHEAP case. The LIHEAP Member (E1MM) screen displays with one of two possible scenarios. If the applicant is applying for EA for the first time or did not receive EA in the previous Fiscal Year the applicant will be the only household member whose Member Information will display when E1MM is accessed.

If the applicant did receive EA in the previous Fiscal Year, the applicant and all household members from the previous Fiscal Year will display under Member Information. **NOTE:** Any household members whose Member Information displayed Inactive on E1MM in the previous Fiscal Year will not auto-populate on E1MM for the current season.

## E1MM SCREEN USING THE E1MM BUTTON

A full E1MM screen will display the Applicant SSN, DCN, Agency, County, Last User ID, Applicant Last Name, First Name, MI, Verified, CARS-Recoup and the Fiscal Year drop down box in the header of the screen already populated. The applicant's identifying information will be listed under Member's Information in the first line [01]. If the applicant never received EA or did not receive EA in the previous Fiscal Year, the message will display, "Applicant Found, Enter All Other Household Member SSN's And Click Inquiry Button. If No Other Members in Home, Indicate If Disabled, If Acct/Holder or Landlord/Renter, Verify And Click Save Button". If the applicant did receive EA in the previous Fiscal Year, the message will display, "Auto Pop OK. Enter SSN's If More Members And Click Inquiry. If None, Change Members Status To Active Or If Not In

Home, Select Remove. Indicate If Disabled, Acct/Hldr Or A Landlord/Renter, Verify and Save".

**NOTE:** The VERIFIED field will display NO until all the members have been verified.

**NOTE:** If the applicant has not been registered on E1RG, a message will display, "SSN not registered". E1RG screen must be completed and verified before entering data on E1MM.

The E1MM screen is used to record SSN, DCN, Name, Gender and Birth Date of each member. This screen is also where Disability, Relationship to Applicant, Member Status, Account Holder, CARS-Recoup and Landlord/Renter data is recorded. E1MM will search the DCN common area for each member and populate this information on the screen, if found.

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

**E1MM**

**LIHEAP Member**

Applicant  
SSN:  DCN:  Agency: A11 - MVCAA County: 097 - SALINE Last UserID: END189F

Last: SMITH First: KATE MI:  Verified: YES  
Fiscal Year (FY):  Program Type:

**Member(s) Information**

	SSN	DCN	Name (Last, First MI)	Gender	Birth Date	Disabled	Relationship	Status	Acct/Holder	CARS-Recoup
[01]			SMITH, KATE	F	10-10-1989	No	Applicant	Active	Yes	N
[02]			SMITH, GABRIEL	F	11-19-2011	No	Member	Active	No	N

Other Household Member(s):  
[03]

Landlord/Renter:

Verify: ☐ (Enter "YES" to Confirm)

Message: Applicant Found. All Members Found

Inquiry Save Print

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP

S024 SCLR S019

User ID: (MCKEORJ)

Program (FEAU126 version=001) Monday, September 17, 2012 9:50:05 AM

### ENTERING MEMBER DATA ON E1MM SCREEN WHEN APPLICANT DID NOT RECEIVE EA IN PREVIOUS FISCAL YEAR:

1. The Fiscal Year defaults to the current program year. Select the Fiscal Year from the drop down box if accessing a year other than the current year.
2. Type the SSN for each household member listed on the EA-1 application.
3. Click on INQUIRY.



4. The SSN, DCN, Name, Gender and Birth Date will populate if the member can be located in the common area. **NOTE:** If the member is not located in the common area, it will be necessary to enter the member into the common area. Identifying information for all household members must be entered before proceeding.
5. Select the DISABLED drop down box for each member and choose YES or NO to indicate whether the member has a disability. **NOTE:** The DISABLED field defaults to NO for all household members.
6. Select the RELATIONSHIP drop down box for each member and select either SPOUSE or MEMBER to indicate how the member is related to the applicant. **NOTE:** The RELATIONSHIP field will already be populated for the applicant.
7. Select the STATUS drop down box and select ACTIVE, INACTIVE or DECEASED to indicate current member status. **NOTE:** The STATUS field defaults to ACTIVE for all household members.
8. Select the ACCT/HOLDER drop down box and select YES to indicate which member is listed on the energy bill. All other members will say NO in this field.
9. If none of the members are the ACCT/HOLDER due to a LANDLORD/RENTER situation, leave the ACCT/HOLDER field No and select the LANDLORD/RENTER drop down box and select YES to indicate this is a landlord/renter situation. **NOTE:** LANDLORD/RENTER and ACCT/HOLDER fields cannot display the same response. If the ACCT/HOLDER field displays YES then the LANDLORD/RENTER field must display NO and vice versa.
10. Review data for accuracy.
11. Type YES in the VERIFY box.
12. Click on SAVE.
13. A message will display, "Applicant Updated, All Members Updated". **NOTE:** Once verified, data can be changed/corrected through Friday of the week that the case is determined eligible. A case is determined eligible once the LIHEAP Member (E1MM) screen, LIHEAP Application (E1AP) screen and LIHEAP Worksheet (E1LW) screen have been verified. After Friday, the screen will be locked from data entry changes/corrections until after the supplier response has been recorded for payments made to participating suppliers. For payments made directly to the applicant, the screen can be changed after the payment is processed.

Jay Nixon, Governor  
Brian Kinkade, Interim Director

E1MM

## LIHEAP Member

**Applicant**  
 SSN:  DCN:  Agency: A01 - CMCA County: 010 - BOONE Last UserID: MCKEORJ  
 Last: SMITH First: CAESARIO MI: L Applicant Name  
 Fiscal Year (FY):  Program Type:  Verified: YES

**Member(s) Information**

	SSN	DCN	Name (Last, First MI)	Gender	Birth Date	Disabled	Relationship	Status	Acct/Holder	CARS-Recoup
[01]			SMITH, CAESARIO L	M	05-02-1956	<input type="text"/>	Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>
[02]	<input type="text"/>		SMITH, BRENDA	F	07-08-1961	<input type="text"/>	Member	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Household Member(s):										
[03]	<input type="text"/>							<input type="text"/> <input type="text"/> <input type="text"/>		
Landlord/Renter: <input type="text"/>										

Verify:  (Enter "YES" to Confirm)  
 Message: Applicant Updated. All Members Updated. To Remove Any Member. Click The Save Button.

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
 E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP  
 S024 SCLR S019

User ID: (MCKEORJ) Program (FEAU126 version=001) Monday, September 17, 2012 1:47:45 PM

### ENTERING MEMBER DATA ON E1MM SCREEN WHEN APPLICANT RECEIVED EA IN PREVIOUS FISCAL YEAR:

1. The Fiscal Year defaults to current program year. Select the Fiscal Year from the drop down box if accessing a year other than the current year.
2. Review the EA-1 LIHEAP application to determine if the auto-populated household members under Member Information are the same household members recorded by the applicant. If the household member should remain on the LIHEAP Member (E1MM) screen, select the STATUS drop down box and select ACTIVE to indicate current member status. If the household member is no longer a member of the applicant's household and is not listed on the EA-1 LIHEAP application, select the Status drop down box and select REMOVE to delete the household member off the LIHEAP Member (E1MM) screen. **NOTE:** The option to remove a household member will remain available until the LIHEAP Worksheet (E1LW) screen is verified. Once E1LW has been verified, a household member can no longer be removed. It will then be necessary to identify the incorrect household member as INACTIVE.



3. Type the SSN for any household member listed on the EA-1 LIHEAP application who did not auto-populate to the LIHEAP Member (E1MM) screen and click on INQUIRY.
4. The SSN, DCN, Name, Gender and Birth Date will populate if the member can be located in the common area. **NOTE:** If the member is not located in the common area, it will be necessary to enter the member into the common area. Identifying information for all household members must be entered before proceeding.
5. Select the DISABLED drop down box for each member and choose YES or NO to indicate whether the member has a disability. **NOTE:** The DISABLED field defaults to NO for all household members.
6. Select the RELATIONSHIP drop down box for each added household member and select either SPOUSE or MEMBER to indicate how the member is related to the applicant. **NOTE:** The RELATIONSHIP field will already be populated for the applicant and any auto-populated household member. If an auto-populated household member's relationship status has changed from the previous Fiscal Year, select the RELATIONSHIP drop down box and change the relationship to reflect the current member status.
7. The ACCT/HOLDER drop down box will be auto-populated with the ACCT/HOLDER from the previous Fiscal Year. If the ACCT/HOLDER listed on the EA-1 LIHEAP application is no longer the household member who displays YES in the ACCT/HOLDER field, select the drop down box and record the correct household member with a YES in the ACCT/HOLDER field.
8. If none of the members are the ACCT/HOLDER due to a LANDLORD/RENTER situation, designate all ACCT/HOLDER fields as NO, select the LANDLORD/RENTER drop down box and select YES to indicate this is a LANDLORD/RENTER situation. **NOTE:** LANDLORD/RENTER and ACCT/HOLDER fields cannot display the same response. If the ACCT/HOLDER field displays YES, then the LANDLORD/RENTER field must display NO, and vice versa.
9. Review data for accuracy.
10. Type YES in the VERIFY box.
11. Click on SAVE
12. A message will display, "Applicant Updated, All Members Updated". **NOTE:** If a household member was removed from the LIHEAP Member (E1MM) screen, the message will display, "Applicant Updated, All Members Updated. Removed Member(s) – SSN". (The household member's SSN will display.)

When a member cannot be located in the common area, it may be determined that a pseudo SSN is necessary in order to proceed. Prior to entering a member on the LIHEAP Member (E1MM) screen with a pseudo SSN, it is necessary to determine if the member was associated with a pseudo SSN in the previous Fiscal Year. Once a pseudo SSN has been assigned to a member, a NAME SEARCH should be completed the following LIHEAP season to ensure the same pseudo SSN is assigned in subsequent seasons, should a pseudo SSN still be required. If the member now has a SSN, the SSN is to be used on the LIHEAP system in place of any previously assigned pseudo SSN's. Pseudo SSN's do not auto-populate to LIHEAP screens from previous fiscal years.

Jay Nixon, Governor  
Brian Kinkade, Interim Director

**LIHEAP Member**

Applicant  
SSN:  DCN: Agency: A15 - OACAC County: 039 - GREENE Last UserID: BURG5JW

Last: NICHOLAS First: MICH MI: Verified: YES  
Fiscal Year (FY):  Program Type:

Member(s) Information

	SSN	DCN	Name (Last, First MI)	Gender	Birth Date	Disabled	Relationship	Status	Acct/Holder	CARS-Re
[01]			NICHOLAS, MICH	F	01-11-1964	No	Applicant	Active	Yes	N
[02]			SMITH, GARY	M	06-05-1956	Yes	Member	Active	No	N
[03]	039X000001					No	Member	Active	No	

Other Household Member(s):  
[04]

Landlord/Renter:

Verify:  (Enter "YES" to Confirm)

Message: Applicant Found, [03] Pseudo SSN Accepted

Inquiry Save Print

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
 E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP

S024 SCLR S019

User ID: (MCKEORJ ) Program (FEAU126 version=001) Monday, September 17, 2012 10:05:22 AM

### ENTERING MEMBER WITH PSEUDO SSN ON E1MM:

1. Type the applicant SSN on E1MM.
2. The Fiscal Year defaults to the current program year. Select the Fiscal Year if a year other than the current year is needed.
3. Click on INQUIRY.
4. The LIHEAP Member (E1MM) screen will display.
5. A [ ] will display next to an updateable field. This field is used for entering a member's SSN/Pseudo SSN.
6. Type Pseudo SSN. **NOTE:** The first three digits of a Pseudo represent the county number. This must agree with the County code, which is displayed in the County field at the top of the screen.
7. Click INQUIRY.
8. Type member Last Name, First Name, MI, Date of Birth and Gender in the available fields.

9. Select the Disabled drop down box for each member and choose YES or NO to indicate whether the member has a disability. **NOTE:** The Disabled field defaults to NO for all household members.
10. Select the RELATIONSHIP drop down box for each member and select either SPOUSE or MEMBER to indicate how the member is related to the applicant. **NOTE:** The RELATIONSHIP field will already be populated for the applicant.
11. Select the STATUS drop down box and select either ACTIVE, INACTIVE or DECEASED to indicate current member status. **NOTE:** The STATUS field defaults to ACTIVE for all household members.
12. Select the ACCT/HOLDER drop down box and select YES to indicate which member is listed on the energy bill. All other members will say NO in this field.
13. If none of the members are the ACCT/HOLDER due to a LANDLORD/RENTER situation, leave the ACCT/HOLDER field N and select the LANDLORD/RENTER drop down box and select YES to indicate this is a landlord/renter situation. **NOTE:** LANDLORD/RENTER and ACCT/HOLDER fields cannot display the same response. If the ACCT/HOLDER field displays YES then the LANDLORD/RENTER field must display NO and vice versa.
14. Review data for accuracy.
15. Type YES in the VERIFY box.
16. Click on SAVE.
17. A message will display, "Applicant Updated, All Members Updated". **NOTE:** Once verified, data can be changed/corrected through Friday of the week that the case is determined eligible. A case is determined eligible once the LIHEAP Member (E1MM), screen LIHEAP Application (E1AP) screen and LIHEAP Worksheet (E1LW) screen have been verified. After Friday passes, the screen will be locked from data entry changes/corrections until after the supplier response has been recorded for payments made to participating suppliers. For payments made directly to the applicant, the screen can be changed after the payment is processed.

A new E1MM screen will display when E1MM is accessed using the link.

**ACCESSING E1MM SCREEN BY SELECTING THE E1MM LINK:**

1. Type the applicant SSN on E1RG.
2. The Fiscal Year defaults to the current program year. Select the Fiscal Year if a year other than the current year is needed.
3. Click on INQUIRY.
4. The LIHEAP Registration (E1RG) screen will display.
5. Click on E1MM Link and you will be taken to the LIHEAP Member (E1MM) screen.

**REMOVING MEMBERS FROM E1MM SCREEN**

Some household members added in error can be removed from the LIHEAP Member (E1MM) screen.

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

E1MM

**LIHEAP Member**

Applicant  
SSN:  DCN: Agency: A01 - CMCA County: 010 - BOONE Last User ID: MCKEORJ

Applicant Name  
Last: SMITH First: CAESARIO MI: L Verified: YES  
Fiscal Year (FY):  Program Type:

Member(s) Information

	SSN	DCN	Name (Last, First MI)	Gender	Birth Date	Disabled	Relationship	Status	Acct/Holder	CARS-Recoup
[01]			SMITH, CAESARIO L	M	05-02-1956	<input type="text"/>	Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>
[02]	010X00004		SMITH, BRENDA	F	07-08-1961	<input type="text"/>	Member	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Household Member(s):  
[03]

Landlord/Renter:

Verify:  (Enter "YES" to Confirm)

Message: Applicant Updated. All Members Updated. To Remove Any Member. Click The Save Button.

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP  
S024 SCLR S019

User ID: (MCKEORJ ) Program (FEAU126 version=001) Monday, September 17, 2012 1:47:45 PM

A household member that has been added to the LIHEAP Member (E1MM) screen in error can be removed from a case. **NOTE:** An applicant cannot be removed. Removing an applicant entered in error is done using the LIHEAP – New Applicant (E1NA) or LIHEAP – Delete Registration (E1DR) transactions.

The timeframe to remove a household member added in error is limited. This transaction can only be completed when the LIHEAP Registration (E1RG) screen STATUS indicates the case is in pending status. Once the LIHEAP Worksheet (E1LW)

screen has been verified, the option to remove a household member is no longer available. An incorrect household member will have to have a member status of INACTIVE should the decision to REMOVE no longer be an option. **NOTE:** If the worksheet should become unverified for any reason, such as disability, address change, etc. the option to REMOVE a household member will display again as an available selection. **NOTE:** The option to REMOVE a household member will never be available on a reapplication case; therefore, an incorrect household member on a reapplication case must be displayed as INACTIVE.

**REMOVING A HOUSEHOLD MEMBER FROM LIHEAP MEMBER (E1MM) SCREEN:**

1. Access the LIHEAP Member (E1MM) screen.
2. Click on STATUS drop down box belonging to the household member you are removing.
3. Click on REMOVE.
4. Type YES in the verify box.
5. Click on SAVE.
6. A message will display, "Applicant Updated. All Members updated. Removed Member(s) – SSN". **NOTE:** The SSN of the removed household member will display in the message.

After the members are associated with the applicant and E1MM is verified, the next step in processing the application is to enter the information from the application onto the LIHEAP Application (E1AP) screen.

**LIHEAP APPLICATION (E1AP) SCREEN**

The purpose of this screen is to transfer data from the LIHEAP EA-1 application form to this screen. The LIHEAP Registration (E1RG) and LIHEAP Member (E1MM) screens must be completed and verified to enter data on this screen. This screen has four main sections: Household Information, Primary Supplier Information, Secondary Supplier Information and Landlord/Renter Information.



Jay Nixon, Governor  
Brian Kinkade, Interim Director

E1AP

## LIHEAP Application

Applicant  
 SSN:  DCN:  Agency: A01-CMCA County: 010-BOONE Last UserID: N/A  
 Applicant Name  
 Last: MALEN First: RHONDA MI:  Verified: NO  
 Fiscal Year (FY):  12 Program Type:  EA  
 Date Stamp:  11012011

Household Information (Hide) (Show)

Address 1:  456 WATER STREET  
 Address 2:   
 City:  COLUMBIA State:  Missouri Zip:  65202  
 Phone Number:  5731114444 Household size:  01 Home Owner:  No Home Weatherized:  No  
 Ineligibility:  Select One Resource Amount:  50

Primary Supplier Information (Hide) (Show)

Customer  
 Account Number:  09765431 SSN:   
 Last Name:  MALENEY First Name:  RHONDA MI:   
 Supplier  
 Number:  Name:   
 Address 1:   
 Address 2:   
 City:  State:  Zip:   
 Phone Number:  Email:   
 Energy Source:  Tank Propane Service:  Not in Crisis  
 Date Contacted:  Person Contacted:

Secondary Supplier Information (Hide) (Show)

Applicant Signature Date:  Verify:  (Enter "YES" to Confirm)

Message: Applicant Found. Enter Data and Click Save Button.

Inquiry Save Print

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
 E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP  
 S024 SCLR S019

### E1AP SCREEN USING THE E1AP BUTTON

The LIHEAP Application (E1AP) screen will display the Applicant SSN, DCN, Agency, County, Last User ID, Applicant Last Name, First Name, MI, Verified and Fiscal Year drop down box in the header of the screen, populated for cases involving an applicant who never received EA or did not receive EA in the previous Fiscal Year. If the case involves an applicant who received EA in the previous Fiscal Year, the LIHEAP Application (E1AP) screen displays with one of two possible scenarios:

- If the field "Auto-Populate Previous FY Supplier Data?" on the LIHEAP Registration (E1RG) screen was saved with a "YES", the Primary and Secondary Supplier Information will be auto-populated with the supplier

information that was on the LIHEAP Application (E1AP) screen from the previous Fiscal Year. In addition, the applicant's address and phone number from the previous Fiscal Year will auto-populate.

**NOTE:** If the LIHEAP Application (E1AP) screen from the previous Fiscal Year did not contain a phone number for the applicant or secondary supplier information, information will not be available to auto-populate to the current screen and the fields will contain no data; or

- If the field "Auto-Populate Previous FY Supplier Data?" on the LIHEAP Registration (E1RG) screen was saved with a "NO", the Primary and Secondary Supplier Information will display no data. These fields will need to have information added by reviewing the EA-1 LIHEAP application for the necessary data. In this situation, the applicant's address and phone number from the previous Fiscal Year will auto-populate. **NOTE:** If the LIHEAP Application (E1AP) screen did not contain a phone number for the applicant, information will not be available to auto-populate to the current screen and the field will contain no data.

**NOTE:** All auto-populated information should be reviewed against the EA-1 LIHEAP application for accuracy and/or necessary corrections prior to clicking the SAVE button.

Each of the four sections is preceded by a HIDE/SHOW feature. Household Information and Primary Supplier Information come over with the SHOW feature on. Secondary Supplier Information comes over with the HIDE feature on. Landlord/Renter is not available unless E1MM has indicated the household as Landlord/Renter. When Landlord/Renter is YES, the information will come over with the SHOW feature on. Any section can be hidden from view by selecting the HIDE feature.

**NOTE:** When printing the E1AP screen, all four sections will print regardless of whether the HIDE feature has been selected.

The Application Date Stamp, Household Information and Primary Supplier Information appear ready for data entry or updates if any auto-populated data is no longer accurate.

Secondary Supplier Information is accessible for data entry or updates if any auto-populated data is no longer accurate by clicking on the SHOW button.

If E1MM indicates YES in the Landlord/Renter field, the Landlord/Renter Information will also display and is ready for data entry.

When the LIHEAP Application (E1AP) screen is initially accessed, it will display one of two messages:

- "Applicant Found; Enter Data and Click Save Button" when an applicant has never received or did not receive EA in the previous Fiscal Year ;
- "Auto-Populate Complete. Review And Correct Any Information That Has Changed Since Last Year, Enter Data In Required Fields, Verify (Yes) And Click Save Button" when an applicant did receive EA in the previous Fiscal Year.

**NOTE:** VERIFIED field will indicate NO until the application has been verified on E1AP.

**NOTE:** If the applicant has not been registered on E1RG, a message will display, "SSN not Registered". If the applicant has been registered on E1RG, but E1MM has not been verified, a message will display, "Applicant Found but E1MM Screen Not Verified". E1RG must be registered and E1MM must be verified before entering data on E1AP.

The E1AP screen is used:

- To record Date Stamp and Applicant Signature Data.
- Household Information records Household Address, Household Phone Number, Household Size, Home Owner, Home Weatherized, Resource Amount and Ineligibility data (when applicable). Primary/Secondary Supplier Information captures Customer Account Number, Account Holder Name, Supplier Name, Address, Account Number, Energy Source, Service and Contact data.
- Landlord/Renter Information records Landlord Name, Address, Landlord Billed, Heat in Rent, Subsidized Housing, Section 8 and Monthly Rent data.
- Household Information and Primary Supplier Information appear ready to populate or make updates to when an auto-populated address, phone number or supplier information has changed.

**NOTE:** The Primary Supplier fields should be entered using the primary heating source, regardless of program type (EA, Supplemental, Winter ECIP, or Summer ECIP). The Secondary Supplier fields should be entered using the secondary heating source, regardless of program type (EA, Supplemental, Winter ECIP, or Summer ECIP).

#### **ENTERING APPLICATION DATA ON E1AP SCREEN:**

1. The Fiscal Year defaults to the current program year. Select the Fiscal Year from the drop down box if accessing a year other than the current year.
2. Type the date the application was received in the Date Stamp field. This should be entered as MMDDCCYY.
3. Type the Mailing Address, City and Zip Code for the household from the EA-1 LIHEAP application if the address has not auto-populated from the previous Fiscal Year. If the address on the EA-1 LIHEAP application is different from the address information that displays when last Fiscal Year's data has auto-populated, type the correct Mailing Address, City and Zip Code under Household Information. **NOTE:** If the address is a PO Box, this should be typed on line 1 as the mailing address. If the physical address is different than the mailing address, this may be typed on line 2.  
**NOTE:** The State field defaults to Missouri. If one of Missouri's eight surrounding



4. states (Iowa, Illinois, Kentucky, Tennessee, Arkansas, Oklahoma, Kansas or Nebraska) is needed, click on the drop down box and select the appropriate state.
5. Type the Phone Number for the household from the EA-1 LIHEAP application if the phone number has not auto-populated from the previous Fiscal Year.  
If the phone number on the EA-1 LIHEAP application is different from the phone number that displays when last Fiscal Year's data has auto-populated, type the correct Phone Number under Household Information.
6. Household size displays the number of active household members listed on E1MM. This field cannot be changed on E1AP.
7. Select HOME OWNER drop down box and choose YES or NO to indicate whether the applicant is buying or owns their home. **NOTE:** This field defaults to NO.
8. Select HOME WEATHERIZED drop down box and choose YES or NO to indicate whether the residence has been weatherized. **NOTE:** This field defaults to NO.
9. Type the RESOURCE AMOUNT from the application. This is a required field for Category B and Category C cases. A zero will be entered on Category A cases or when there are no resources. **NOTE:** Resources should be recorded in whole dollars (i. e. \$45 will read as \$45.00).
10. Type the Primary Supplier Customer Account Number from the EA-1 LIHEAP application if the Primary Supplier Customer Account Number has not auto-populated from the previous Fiscal Year. If the Primary Supplier Customer Account Number on the EA-1 LIHEAP application is different from the Primary Supplier Customer Account Number that displays when last Fiscal Year's data has auto-populated, type the correct Primary Supplier Customer Account Number under Primary Supplier Information. **NOTE:** When the name on the energy bill is a variation of the name carried over on E1MM from the DCN Common Area, the Primary Supplier Information fields allow a change to the ACCT/HOLDER name to agree with the energy bill (i.e. E1MM displays the ACCT/HOLDER as Robert Smith, but the energy bill indicates Bob Smith; type Bob in the Primary Supplier Name field).
11. The SSN field is not an updatable field. It defaults to the account holder's SSN from the E1MM screen.
12. Enter the Last Name, First Name and MI of the account holder if the name is different than member selected as account holder on E1MM. This field defaults from E1MM.
13. Type the Primary Supplier Number from the EA-1 LIHEAP application [Reference Participating Home Energy Supplier List (FEARR500), LIHEAP Supplier Name Search (E1SS) screen or Appendix F for Other Supplier Codes] if the Primary Supplier Number has not auto-populated from the previous Fiscal Year. If the Primary Supplier Number on the EA-1 LIHEAP application is different from the Primary Supplier Number that displays when last Fiscal Year's data has auto-populated, type the correct Primary Supplier Number under Primary Supplier Information.
14. Select the ENERGY SOURCE drop down box and choose the Primary Energy Source from the EA-1 LIHEAP application if the Primary Energy Source has not auto-populated from the previous Fiscal Year. If the Primary Energy Source on the EA-1 LIHEAP application is different from the Primary Energy Source that displays when last Fiscal Year's data has auto-populated, select the correct Primary Energy Source under Primary Supplier Information. **NOTE:** This must be an energy source the supplier provides. See LIHEAP Supplier Update (E1SD) screen to view approved energy sources.
15. Click the SERVICE Field if the Primary Energy Source is threatened or terminated and choose the option that applies. The SERVICE field defaults to Not in Crisis.

16. Click SAVE, but do not verify until the screen is completed. When SAVE has been clicked on, the Primary Supplier Name, Address, Phone Number fields will display. The EMAIL field will populate if the data is available.
17. Click on the DATE CONTACTED field if the Primary Supplier was contacted.
18. Type the PERSON CONTACTED if the Primary Supplier was contacted.
19. Select the SHOW button which appears by Secondary Supplier Information.
20. Repeat instructions 3 through 17 when Secondary Supplier Information is being added to E1AP.
21. Type the Applicant Signature Date. This is the date the applicant signed the application. This field is optional; however, it should be entered when the data is available.
22. Review data for accuracy.
23. Type YES in the VERIFY box.
24. Click on SAVE.
25. A message will display, "Applicant Updated" for cases that were and were not auto-populated. **NOTE:** Once verified, data can be changed/corrected through Friday of the week that the case is determined eligible. A case is determined eligible once the LIHEAP Member (E1MM) screen, LIHEAP Application (E1AP) screen and LIHEAP Worksheet (E1LW) screen have been verified. After Friday passes, the screen will be locked from data entry changes/corrections until after the supplier response has been recorded for payments made to participating suppliers. For payments made directly to the applicant, the screen can be changed after the payment is processed.

### LIHEAP SUPPLIER NAME SEARCH (E1SS) SCREEN

The LIHEAP Supplier Search (E1SS) screen is used to find participating suppliers and their primary supplier number. **NOTE:** Clicking on the E1SS Link will break the data entry flow of the LIHEAP Application (E1AP) screen. Any data entered that is not saved will be lost and will require re-entering. It is recommended to search for the supplier name and number prior to entering data on the E1AP screen.

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**E1SS**

### LIHEAP - Supplier Name Search

Search Key \*Denotes Required Field

\*Supplier Name Location (City)

Message: Enter Supplier Name

Inquiry

E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE  
E1UD E1UP E1UR E1US E1UA  
E1CD E1RG E1AC

User ID: (MCKEORJ) Program (FEA1105 version=001) Thursday, September 08, 2011 2:07:52 PM

#### ACCESSING THE LIHEAP SUPPLIER NAME SEARCH (E1SS) SCREEN:

1. Click on the E1SS Link.
2. The LIHEAP Supplier Name Search (E1SS) screen will display. A message, "Enter Supplier Name" will display.
3. Type the supplier name in the SUPPLIER NAME field. The asterisk (\*) indicates this is a required field. **NOTE:** You may use partial spelling of the supplier name to search.
4. Type the city the supplier is located in, if known, in the LOCATION (CITY) field. **NOTE:** This is not a required field and will bring up all suppliers with name and list locations.
5. Click on INQUIRY. The Supplier Number, Name, City, Phone, Fuel Types (identified by number) and Email (if available) will appear. A message, "Record Found" will display.

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E1SS

### LIHEAP - Supplier Name Search

Search Key \*Denotes Required Field

\*Supplier Name Location (City)

AMERIGAS JEFFERSON CITY

Supplier #	Name / City	Phone	Fax	Fuel Types	Email
152605000	AMERIGAS			2	
PAPER	JEFFERSON CITY				

Message: Record Found.

Inquiry

E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE  
E1UD E1UP E1UR E1US E1UA  
E1CD E1RG E1AC

User ID: (MCKEORJ)

Program(FEAI165 version=001) Thursday, September 08, 2011 2:08:48 PM

#### ACCESSING THE LIHEAP SUPPLIER DETAIL (E1SD) SCREEN:

1. On E1SS screen, click on DETAILS button immediately preceding the Supplier Number.
2. You will flow to the LIHEAP SUPPLIER DETAIL (E1SD) screen and the message, "Supplier Number Found" will display. The Supplier Number, Media Type (FTP, Web or Paper) Supplier Name, Address, Phone Number, Email (if known), fuel types (identified by name), Supplier Start and End Dates will display. **NOTE:** Agencies will not have add/update capability on the E1SD screen.

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**E1SD**

### LIHEAP Supplier Detail

Supplier Number: Primary: 132605 Sub: 000 Media Type: P-Paper Payment Method: Paper Check

Supplier Name: AMERIGAS  
Address Line 1: 2727 WYMAIN  
Address Line 2:  
City: JEFFERSON CITY  
State: MO  
Zip: 65109  
Supplier Phone:  
Fax:  
Email:

New Contract: ☐  
Contract Updated: 10-21-2009  
UserID: STRAUJD

Fuel Types:  
Natural Gas: ☐ Propane Gas: ☒ Electric: ☐ Fuel Oil: ☐  
Start Date: 08-01-2008  
End Date:  
Contact Name:

Message: Supplier Number Found. Email Update.

Inquiry Save

E1SS(Name Search) E1RC(Case Notes) E1SE(Email) E1BE(Email Search)

E1PP E1RS E1RP E1SP E1SD E1RC E1UD E1US

E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE

E1UD E1UP E1UR E1US E1UA

E1CD E1RG E1AC


User ID: JMCHEORUJ Program: PSAU124 version: 991 Thursday, September 06, 2012 2:12:05 PM

For a detailed overview of the LIHEAP Supplier Name Search (E1SS) and LIHEAP Supplier Detail (E1SD) screens, reference the LIHEAP manual Payment Section.

## LANDLORD/RENTER APPLICATIONS

The Landlord/Renter Information will only be displayed on the E1AP screen and require data entry when the LIHEAP Member (E1MM) screen displays ACCT/HOLDER field as NO and LANDLORD/RENTER field as YES.

E1AP



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## LIHEAP Application

Applicant  
 SSN:  DCN:  Agency: A01-CMCA County: 010-BOONE Last UserID: N/A  
 Last: MALEN Applicant Name First: RHONDA MI:  Verified: NO  
 Fiscal Year (FY):  Program Type:  Date Stamp:

[Household Information \(Hide\) \(Show\)](#)  
[Primary Supplier Information \(Hide\) \(Show\)](#)  
[Secondary Supplier Information \(Hide\) \(Show\)](#)  
[Landlord/Renter Information \(Hide\) \(Show\)](#)

Name Last:  First:  MI:   
 Address 1:   
 Address 2:   
 City:  State:  Zip:   
 Phone Number:  Landlord Billed:  Heat in Rent:   
 Monthly Rent:  Subsidized Housing:  Section 8:

Applicant Signature Date:  Verify:  (Enter "YES" to Confirm)

Message: Applicant Found; Enter Data and Click Save Button.

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP

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### ENTERING LANDLORD/RENTER ON E1AP:

1. The Fiscal Year defaults to the current program year. Select the Fiscal Year from the drop down box if accessing a year other than the current year.
2. Type available Household Information. **NOTE:** Resource amount is a required field and must be recorded in whole dollars (i.e. \$45 will read as \$45.00).
3. Type Primary Supplier Information. **NOTE:** Primary Supplier Number must be typed as 777777777 for Landlord Designation and as 999999999 for Renter Designation.
4. Type Secondary Supplier Information as needed.
5. Type the Landlord Last Name, First Name and MI.

6. Type the Landlord Mailing Address, City and Zip Code. **NOTE:** The State field defaults to Missouri. If the landlord's mailing address is in a state other than Missouri, click on the drop down box and select the appropriate state.
7. Type the Landlord Phone Number.
8. LANDLORD BILLED and HEAT IN RENT fields default to a YES or NO based upon the Primary Supplier Number entered. When 777777777 for Landlord is the Primary Supplier Number, LANDLORD BILLED will display YES and HEAT IN RENT will display NO. When 999999999 for Renter is the Primary Supplier Number, LANDLORD BILLED will display NO and HEAT IN RENT will display YES.
9. Type MONTHLY RENT. **NOTE:** This is a required field when Primary Supplier Number is 999999999 for RENTER. **NOTE:** MONTHLY RENT should be recorded in whole dollars (i.e. \$32 will read as \$32.00).
10. Type the Applicant Signature Date. This is the date the applicant signed the application. This field is optional; however, it should be entered when the data is available.
11. Review data for accuracy.
12. Type YES in the VERIFY box.
13. Click on SAVE.
14. A message will display, "Applicant Updated". **NOTE:** Once verified, data can be changed/corrected through Friday of the week that the case is determined eligible. A case is determined eligible once the LIHEAP Member (E1MM) screen, LIHEAP Application (E1AP) and LIHEAP Worksheet (E1LW) screen have been verified. After Friday passes, the screen will be locked from data entry changes/corrections until after the supplier response has been recorded for payments made to participating suppliers. For payments made directly to the applicant, the screen can be changed after the payment is processed.

A new E1AP screen will appear when E1AP is accessed using the link.

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**E1AP**

**LIHEAP Application**

Applicant  
SSN:   
Fiscal Year (FY):  Program Type:

Message: Enter SSN

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP

S024 SCLR S019



**ACCESSING E1AP SCREEN BY SELECTING THE E1AP LINK:**

1. Type the applicant SSN on E1MM.
2. The Fiscal Year defaults to the current program year. Select the Fiscal Year if a year other than the current year is needed.
3. Click on INQUIRY. The LIHEAP Member (E1MM) screen will display.
4. Click on E1AP Link and you will be taken to the LIHEAP APPLICATION (E1AP) screen.

**INELIGIBILITY DETERMINATION**

The LIHEAP Registration (E1RG) screen, LIHEAP Member (E1MM) screen and LIHEAP Application (E1AP) screen household address information fields are required documentation for all cases, including those deemed ineligible. The ineligible reason must be documented. Ineligibility determinations are recorded on the LIHEAP Application (E1AP) screen. All determinations must be recorded in the LIHEAP EA System for statistical data and federal reporting.

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E1AP

Applicant SSN: [ ] DCN: [ ]

Last: MCKEE

Fiscal Year (FY): 12

Date Stamp: [ ]

Address 1: [ ]

Address 2: [ ]

City: [ ]

Phone Number: [ ]

Ineligibility: Select One

Select One

- (A) Excess Income
- (B) Income Documentation Not Provided
- (C) Supplier Documentation Not Provided
- (D) SSN Documentation Not Provided
- (E) Customer Account Name Changed Not Completed
- (F) Resource Documentation Not Provided
- (G) Application Form Not Signed & Returned
- (H) Household Management Not Explained for Low/No Income
- (I) Permanent Residency Documentation Not Provided
- (J) Excess Resources
- (K) Negative Supplier Response
- (L) Not Living In Home At Time Of Application
- (M) Living In Subsidized Housing and Not Billed For Heat
- (N) Cuts Own Wood
- (O) Heats With Coal
- (P) Roomer, Boarder or Live-In Assistant
- (Q) Incarcerated
- (R) Not a US Citizen or Permanent Resident Alien
- (S) Landlord Form Not Provided
- (T) Other

Last Used: N/A

Verified: NO

Home Weatherized: No

Resource Amount: [ ]

Primary Supplier Information (Hide) (Show)

Secondary Supplier Information (Hide) (Show)

Landlord/Reenter Information (Hide) (Show)

Applicant Signature Date: [ ] Verify: [ ] (Enter "YES" to Confirm)

Message: Auto Populate Complete  
Review And Correct Any Information That Has Changed Since Last Year. Enter Data In Required Fields. Verify (Yes) And Click Save Button

Inquiry Save Print

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1NR E1OR E1FM E1SS E1SD  
E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP  
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If determine LIHEAP ineligibility for any other reason than (A) Excess Income or (K) Negative Supplier Response, you will select the reason for ineligibility from the INELIGIBILITY field drop down box.



(A) Excess Income will populate upon completion of the LIHEAP Worksheet (E1LW) screen when the applicant's income exceeds that allowed on the LIHEAP – Income Ranges and Benefit Amounts (E1IR) screen.

(K) Negative Supplier Response will populate upon receipt/recording of the energy supplier response.


Ineligibility reasons B, C, D, E, F, G, H, I, J, L, M, N, O, P, Q, R, S and T require user input.

#### **ENTERING INELIGIBLE APPLICANT WHEN CODE OTHER THAN (A) OR (K):**

1. Type Date Stamp date.
2. Type Household Mailing Address and Phone Number in Household Information.
3. Type Resource Amount from the application. This is a required field for Category B and Category C cases. A zero will be entered on Category A cases or when there are no resources. **NOTE:** Resources should be recorded in whole dollars (i.e. \$45 will read as \$45.00).
4. Select the INELIGIBILITY drop down box.
5. Click on appropriate reason for applicant ineligibility.
6. Type YES in VERIFY box.
7. Click SAVE.
8. A message will display, "Applicant Updated". **NOTE:** Once verified, data can be changed/corrected through Friday of the week the data was entered. After Friday passes, any changes to eligibility will require a reapplication. **NOTE:** For Excess Resource denials, if you enter over \$3,000 in RESOURCE AMOUNT and click on SAVE prior to entering the (J) code, a message will display, "Resource Amount Exceeds Maximum; Ineligible Reason (J) Not Selected". If you select Excess Resource (J) and click on SAVE prior to entering an amount over \$3,000, a message will display, "Resource Amount Must Be Greater Than 3000; If Ineligible Reason (J) Selected".

#### **LIHEAP – INCOME RANGES AND BENEFIT AMOUNTS (E1IR) SCREEN**

The E1IR screen displays the Energy Assistance (EA) benefit amounts based on household size, monthly income amounts and fuel type. **NOTE:** Monthly income amounts indicate the percentage of federal poverty level income ranges. A is 0-25%, B is 26-50%, C is 51-75%, D is 76-100%, E is 101-125% and F is 126-135%.



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E11R

## LIHEAP - Income Ranges and Benefit Amounts

Fiscal Year (FY): 
 Program Type: 
 Base Poverty Level: 
 Additional Person:

Household Size	Income Ranges and Benefit Amount (135%) Monthly Income Amounts					
	A	B	C	D	E	F
1	0 - 233	234 - 465	466 - 698	699 - 931	932 - 1164	1165 - 1257
2	0 - 315	316 - 630	631 - 946	947 - 1261	1262 - 1576	1577 - 1702
3	0 - 398	399 - 795	796 - 1193	1194 - 1591	1592 - 1989	1990 - 2148
4	0 - 480	481 - 960	961 - 1441	1442 - 1921	1922 - 2401	2402 - 2593
5	0 - 563	564 - 1125	1126 - 1688	1689 - 2251	2252 - 2814	2815 - 3039
6	0 - 645	646 - 1290	1291 - 1936	1937 - 2581	2582 - 3226	3227 - 3484
7	0 - 728	729 - 1455	1456 - 2183	2184 - 2911	2912 - 3639	3640 - 3930
8	0 - 810	811 - 1620	1621 - 2431	2432 - 3241	3242 - 4051	4052 - 4375
9	0 - 893	894 - 1785	1786 - 2678	2679 - 3571	3572 - 4464	4465 - 4821
10	0 - 975	976 - 1950	1951 - 2926	2927 - 3901	3902 - 4876	4877 - 5266
11	0 - 1058	1059 - 2115	2116 - 3173	3174 - 4231	4232 - 5289	5290 - 5712
12	0 - 1140	1141 - 2280	2281 - 3421	3422 - 4561	4562 - 5701	5702 - 6157
13	0 - 1223	1224 - 2445	2446 - 3668	3669 - 4891	4892 - 6114	6115 - 6603
14	0 - 1305	1306 - 2610	2611 - 3916	3917 - 5221	5222 - 6526	6527 - 7048
15	0 - 1388	1389 - 2775	2776 - 4163	4164 - 5551	5552 - 6939	6940 - 7494
16	0 - 1470	1471 - 2940	2941 - 4411	4412 - 5881	5882 - 7351	7352 - 7939
17	0 - 1553	1554 - 3105	3106 - 4658	4659 - 6211	6212 - 7764	7765 - 8385
18	0 - 1635	1636 - 3270	3271 - 4906	4907 - 6541	6542 - 8176	8177 - 8830
19	0 - 1718	1719 - 3435	3436 - 5153	5154 - 6871	6872 - 8589	8590 - 9276
20	0 - 1800	1801 - 3600	3601 - 5401	5402 - 7201	7202 - 9001	9002 - 9721

Fuel Type	A	B	C	D	E	F
Natural Gas	296	278	259	240	221	203
Tank Propane	450	413	375	338	300	263
Electric	289	270	251	233	214	195
Fuel Oil	296	278	259	240	221	203
Wood	199	180	161	143	124	105
Kerosene	139	120	101	083	064	045
Cyl.Propane	161	143	124	105	086	068

Updated by: JONEKOZ
09-17-2012
Version: 0000

**Message:** Income Ranges And Benefit Amount Records Found

The LIHEAP – Income Ranges and Benefit Amounts (E1IR) screen can be accessed when referencing current income ranges and benefit amounts. **NOTE:** A history of benefit amounts can also be viewed when an adjustment/correction has occurred on the current programs E1IR screen. Some fiscal years will display only one list of income ranges and benefit amounts. If there is no history, the Version Field will display as, “0000”. Other fiscal years may display history for more than one income range and benefit amount used in a LIHEAP program year. The most recent version will display. The “NEXT” button can be selected to review previous versions. A change in benefit amounts is determined by additional funding.

#### **ACCESSING THE LIHEAP – INCOME RANGES AND BENEFITS AMOUNTS (E1IR) SCREEN:**

1. Click on the E1IR link.
2. The LIHEAP – Income Ranges and Benefit Amounts screen will display. A message, "Select Fiscal Year and Program Type" will display. **NOTE:** The Fiscal Year defaults to the current program year. Select the Fiscal Year if a year other than the current year is needed.
3. Click on INQUIRY. The message, "Income Ranges and Benefit Amount Records Found" will display. **NOTE:** The agency may click on the PRINT button for a copy, if desired. **NOTE:** Click on NEXT button to view previous Income Ranges and Benefit Amounts. These are identified by reviewing the VERSION field. If no adjustment/correction has been made to the Income Ranges and Benefit Amounts (E1IR) screen, the VERSION will display, “0000” and no NEXT button will be displayed. Agencies will not have add/update capability on the E1IR screen.

#### **SUMMARY**

Now that application distribution, registration, eligibility, household information, documentation, timeframes, emergency services, adding Registration (E1RG), Member (E1MM) and Application (E1AP) screens have been added and verified, the next step in the application process is to determine eligibility/ineligibility concerning income. The process for determining this eligibility will be completed on the LIHEAP worksheet (E1LW) screen which will be discussed in the next section titled, “Determination”. Included in the Determination section will be items such as Fair Hearings, Claims and Restitution (CARS) and case file transfers.

## DETERMINATION

### INTRODUCTION

Once a household has been registered, members have been added and verified on the LIHEAP Member (E1MM) screen, the application information has been added and verified on the LIHEAP Application (E1AP) screen if the case has not been determined ineligible, you will need to determine the household's monthly income. The procedure for documenting a household's income is made by determining the household's classification as a Category A, Category B, or Category C case.

Procedures for entering income, income exclusions, deductions and adjustments will be described for all three case categories. This section will include details about processing the following screens: LIHEAP Worksheet (E1LW); LIHEAP Income Summary (E1IS); and LIHEAP Income Member Detail (E1ID). Also included are details about the following inquiry-only screens: LIHEAP Worksheet History Menu (E1WH); LIHEAP Worksheet History Details (E1HT); and LIHEAP Action Screen (E1AC).

This section will also outline policy on denials, hearings, claims and restitution and case file transfers.

### CASE CATEGORIES

**Category A Case:** Are cases in which all members listed on the LIHEAP application form are included in a Food Stamp Eligibility Unit (FSEU).

**Category B Case:** Are cases in which no household member is included in a FSEU.

**Category C Case:** Are cases in which some, but not all of the members of the household are included in a FSEU.

### DETERMINING CASE CATEGORY

To determine if all or any of the household members are included in a FSEU case you will need to follow the instructions included in the Introduction of this manual SIGNING ONTO EA SYSTEM.

Once a case is successfully registered on E1RG, the household members are added on E1MM and application information is added to E1AP, you are ready to access the LIHEAP Worksheet (E1LW) screen.

**ACCESSING THE LIHEAP WORKSHEET (E1LW) SCREEN:**

1. Click on the E1LW button.
2. The LIHEAP Worksheet (E1LW) screen will display.

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**E1LW**

### LIHEAP Worksheet

Applicant  
SSN:  DCN: 60078783 Agency: A01-CMCA County: 026-COLE Last UserId: FEAR060

Applicant Name  
Last: WORTHINGTON First: MARY MI: Verified: No

Fiscal Year (FY): 11 Program Type: EA

---

**Income Calculation (Hide) (Show)**

Application Date:	08-01-2010
Gross Unearned Income:	168.00
Gross Earned Income:	380.00
Earned Income Adjustment:	x.80
Income Subtotal:	472.00
Elderly / Disabled Deduction:	0.00
Child Support Paid Deduction:	350.00
SMI Deduction:	0.00
Medicare Part 'D' Deduction:	0.00
Total Net Income :	122.00

Category : A Resources : 0 CARS Amount: 0.00 EA Benefits: 300.00

**Primary Supplier Information (Hide) (Show)**

**Secondary Supplier Information (Hide) (Show)**

**Renter Information (Hide) (Show)**

**ECIP Benefits (Hide) (Show)**

**Other Payment Amounts (Hide) (Show)**

Verify:  (Enter "YES" to Confirm)

Message: Applicant Eligible For Processing.  
If Ready To Process Case, Enter YES In The Verify Box and Click On The SAVE Button.

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP

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**NOTE:** By accessing the E1LW screen, the system will collect FSEU information for each member from the Family Assistance Management Information System (FAMIS).

The E1LW screen displays the following sections:

- Income calculation which includes information on income, deductions, case category, resources, CARS amount and EA Benefits;
- Primary and Secondary supplier information from the E1AP screen;

- Renter information to display the benefit amount based on 8% of the annual rent cost;
- Energy Crisis Intervention Program (ECIP) Benefits to enter ECIP benefit amounts. **NOTE:** These are not mandatory fields; and
- Other Payment Amounts to enter Dollar More, Dollar Help, etc. **NOTE:** These are not mandatory fields.

If all household members are included on one or more FSEUs, the CATEGORY field will display A. If none of the members are included on a FSEU, the CATEGORY field will display a B. If some, but not all the members are included on a FSEU, the CATEGORY field will display a C.

Entering income information is different for each case category.

### **CATEGORY A CASE**

Category A cases are cases in which all household members listed on the LIHEAP application form are included in one or more FSEUs. When this determination is made, income from FAMIS will be populated into the EA System. You will not be allowed to make any updates on these members' income information. You may, however, view the LIHEAP Income Summary (E1IS) screen.

#### **ACCESSING THE LIHEAP INCOME SUMMARY (E1IS) SCREEN:**

1. Click on the E1IS (Income Summary) button on the E1LW screen.
2. The E1IS screen will display the message, "Successfully Displayed".

**NOTE:** The E1IS screen is a summary screen and information cannot be updated on this screen.

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**E1IS**

### LIHEAP Income Summary

**Applicant**  
SSN: 587-95-6632    DCN: 60078783    Agency: A01-CMCA    County: 026-COLE

**Applicant Name**  
Last: WORTHINGTON    First: MARY    MI:    Fiscal Year: 11    Program Type: EA

Member(s)	SSN	DCN	FSEU Case	Name(Last, First MI)	Income			Deductions		Verified
					Gross Unearned	Gross Earned	SMI	Child Support	Medicare Part D	
<a href="#">Details</a>	587-95-6632	60078783	FS0060078783FSP001	WORTHINGTON MARY	\$ 168.00	\$ 380.00	\$ 0.00	\$ 350.00	\$ 0.00	Y
<a href="#">Details</a>	124-69-8762	60078784	FS0060078783FSP001	WORTHINGTON JOHN	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Y
<a href="#">Details</a>	659-81-5648	60078785	FS0060078783FSP001	WORTHINGTON BILL	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Y
<a href="#">Details</a>	584-89-3592	60078786	FS0060078783FSP001	WORTHINGTON SUE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Y
<b>Totals:</b>					\$ 168.00	\$ 380.00	\$ 0.00	\$ 350.00	\$ 0.00	

**Message:** Successfully Displayed.

[E1LW\(Return to Worksheet\)](#)    [Print](#)

[E1LW\(New Worksheet\)](#)

User ID:(FEAR060)    Program(FEAU102 version=001) Saturday, September 24, 2011 2:45:39 PM

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The Income Summary (E1IS) screen will display unearned income, earned income, and child support deductions for each member. The income and deductions are considered verified since this information is populated from FAMIS. The screen also displays the income and deduction totals for the household that is used on the E1LW screen.

**NOTE:** For Category A cases the FSEU CASE field will be populated. The FSEU CASE may not display the same case number if the members are on different FSEU cases.

For a Category A Case, the SMI and Medicare Part D will display 0.00 as these deductions are not populated from FAMIS.

You can move to any one member's Income Detail (E1ID) screen from the summary screen, or you may return to the LIHEAP Worksheet (E1LW) by clicking on the E1LW (Return to Worksheet) button.

You will access the LIHEAP Member Income Detail (E1ID) screen from the E1IS screen.

#### ACCESSING THE LIHEAP MEMBER INCOME DETAIL (E1ID) SCREEN:

1. Click on the DETAIL button next to the members' SSN on the E1IS screen.
2. The E1ID screen will display the message, "FSEU Case – No Update Allowed".



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E1ID

## LIHEAP - Member Income Detail

**Applicant**  
SSN: 587-95-6632    DCN: 60078783    Agency: A01-CMCA    County: 026-COLE    Last UserId: N/A

**Applicant Name**  
Last: WORTHINGTON    First: MARY    MI:    Fiscal Year: 11    Program Type: EA    Verified: Yes

**Member Information**  
SSN: 587-95-6632    DCN: 60078783    Last: WORTHINGTON    First: MARY    MI:

---

**FSEU CASE - NO UPDATE ALLOWED**      **INCOME**

**Gross Unearned:**

Source:	Frequency:	Amount(s):
Temporary Assistance	Monthly	1) 168.00
Please Select	Please Select	1) 0.00

Total Unearned Income: \$ 168.00

**Gross Earned:**

Source:	Frequency:	Amount(s):
Wages	Monthly	1) 380.00
Please Select	Please Select	1) 0.00

Total Earned Income: \$ 380.00

Self Employment Income: 0.00 /12 = 0.00 (Tax form 1040)      Total Unearned, Earned & Self-Employment Income: \$ 548.00

---

**DEDUCTIONS**

**Child Support**

Frequency:	Amount(s):
Monthly	1) 350.00
Please Select	1) 0.00

Total Child Support Deductions: \$ 350.00

SMI Monthly Amount: 0.00      Total SMI: \$ 0.00

Medicare Part D Monthly Amount: 0.00      Total Part D: \$ 0.00

Total Deductions: \$ 350.00

**Message:** Successfully Displayed  
FSEU Case - No Update Allowed

tabInside  
Print  
E1IS(Return to Summary)

User ID: (FEAR060 )      Program(FEAU103 version=001) Saturday, September 24, 2011 2:46:41 PM

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For the Category A case, both the message and income information sections display a red message indicating, "FSEU – No Update Allowed". No updates will be allowed for a Category A applicant or member. This screen is view only.

### RETURNING TO THE E1IS SCREEN:

1. Click on the E1IS (Return to Summary) button at the bottom of the E1ID screen to return to the E1IS screen.

From the E1IS screen, you can then return to the LIHEAP Worksheet (E1LW) screen.



**RETURNING TO THE E1LW SCREEN:**

1. Click on the E1LW (Return to Worksheet) button at the bottom of the E1IS screen.

After you return to the E1LW screen, you will need to click on the FAMIS button to access FAMIS before saving and verifying the worksheet.

**VERIFYING CATEGORY A CASE WORKSHEET:**

1. The message, "Applicant Eligible For Processing. If Ready To Process Case, Enter YES In The Verify Box and Click On The SAVE Button" will display.
2. Type YES in the VERIFY field and click on SAVE button.
3. The screen will refresh with a message, "Worksheet Has Been Verified."

**CATEGORY A CASE INCOME DEDUCTIONS**

In determining income eligibility, the following income deductions are used:

**Earned Income Deduction of 20%**

This deduction applies to employment income including wages, vacation pay, regular bonuses, overtime, tips, sick leave, maternity leave, roomer/boarder and self-employment income. When earned income is populated by FAMIS, the E1LW automatically calculates this deduction.

**Medical Deduction for Elderly/Disabled**

This deduction is automatically given to households in which the applicant or spouse is elderly (age 65 or older) or disabled. These households will be entitled to a \$100 deduction for medical expenses. Only one \$100 deduction will be allowed, even if both applicant and spouse meet either or both criteria. This deduction is automatically included on the E1LW screen from information entered on the Registration (E1RG) and Member (E1MM) screens. The age is automatically determined by the system from birth date information. The disability status is entered on the E1MM screen. **NOTE:** If the disability status is not indicated on the E1MM screen for the applicant or spouse, this deduction will not appear on the E1LW income calculation information.

For a Category A case, where any case member is under the age of 65 and is receiving income type Social Security, Supplemental Security Income (SSI), Black Lung (BL), Blind Pension (BP), Supplemental Payment (SP), Veterans Benefits (VA), Supplemental Aid to the Blind (SAB) or Civil Service Disability Pension payments, the disability field on the LIHEAP Member (E1MM) screen should be reviewed. If the disability code field on the LIHEAP Member (E1MM) screen indicates disability "No", and one of the previous income types populates from FAMIS, a screen Message will display requiring the worker to update the disability field on the LIHEAP Member (E1MM) screen to "Yes". This action will be required in order to verify the LIHEAP Worksheet (E1LW). If the E1MM screen is coded "Yes", and there is no corresponding disability income source indicated, an Alert box will pop-up asking the worker to review the Disability and

Income Source fields for accuracy. **The E1LW screen will be verified in these instances.** If, after a review of the Disability Code on the LIHEAP member (E1MM) screen against the Income Source on the LIHEAP Income Summary (E1ID) screen for the member, it is determined the disability code on the LIHEAP member (E1MM) screen is incorrect, the worker will update the screen and re-verify the other screens (E1AP/E1LW). If the disability code on the LIHEAP member (E1MM) screen is correct, no action is required. It is possible for a person to receive Medical Assistance (MA) from the State and yet have no income source identified.

**NOTE:** The LIHEAP Case Action (E1AC) screen will display a change any time a member's disability status is updated.

When the Disability code on the LIHEAP member (E1MM) screen is "No" and the income source on LIHEAP (E1ID) screen for the member's SSN displays (SSI), (BL), (BP), (SP) or (SAB), the following screen message will appear, "The Disability Code On E1MM and The Income Source on E1ID for SSN: xxx-xx-xxxx Are Not In Agreement. One Of These Fields Must Be Corrected In Order To Have The E1LW Screen Verified."

For both Category A and B cases, where any member is under the age of 62 and receiving Social Security Administration (SSA), Railroad Retirement Benefit (RRB), Veterans Administration (VA) benefit or civil service pension payments and the disability code on the LIHEAP Member (E1MM) screen displays "No", an Alert box will pop-up asking the worker to review the Disability and Income Source fields for accuracy. **The E1LW screen will be verified in these instances.** If, after a review of the Disability Code on the LIHEAP member (E1MM) screen against the Income Source on the LIHEAP Income Summary (E1ID) screen for the member, it is determined the disability code on the LIHEAP member (E1MM) screen is incorrect, the worker will update the screen and re-verify the other screens (E1AP/E1LW). If the disability code on the LIHEAP member (E1MM) screen is correct, no action is required. It is possible for a person to receive Medical Assistance (MA) from the state and yet have no income source identified.

**NOTE:** The LIHEAP Case Action (E1AC) screen will display a change any time a member's disability status is updated.

When the Disability code on the LIHEAP member (E1MM) screen and the income source on LIHEAP (E1ID) screen for the members SSN could be in disagreement, the following Alert pop-up box will appear with this message: "The Disability Code on E1MM and the Income Source on E1ID for SSN xxx-xx-xxxx Indicates That One of These Fields **May** Be in Error. This Alert Requests That The User Review the Disability Code on E1MM Against the Income Source on E1ID for This Person. If Incorrect, Make the Necessary Correction and Re-Verify the Screens. If Correct, No Action Is Required."

### **Child Support Payments**

All child support payments paid by any household member to someone not included in the LIHEAP household during the month prior to the month of application will be an allowed deduction. For category A cases, this amount will be populated from the FAMIS system and deducted on the E1LW screen.

The following income deductions may be used if a Category A case is determined ineligible due to excess income.

## Supplemental Medical Insurance (SMI) Premium

Category A cases in which the income exceeds the LIHEAP maximum will be allowed the SMI premium deduction, if applicable. The SMI premium will be deducted for any household member who is paying the premium. If income ineligible, obtain documentation including the LIHEAP SSA Benefit (E1SI) screen, award letter, Income Maintenance screens or verbal contact with the Social Security Administration that the individual is actually paying the SMI premium. **NOTE:** See the Application section of this manual for the process of obtaining this documentation. If anyone in the household pays the SMI premium, the household may become income eligible by deducting the SMI premium(s). This deduction will be entered in the FS ADJUSTMENT field on E1LW.

## Accessing Income Maintenance Screen for SMI Deduction

To gain access to Supplemental Medical Insurance (SMI) buy-in status, follow the procedures described below.

The screenshot shows the Missouri Department of Social Services web application. At the top, the header includes the Missouri Department of Social Services logo and the names of Jay Nixon, Governor, and Brian Kinkade, Interim Director. Below the header, there is a section for "Department Client Number(DCN)". The main content area is titled "Social Security Number Search" and features a text input field for "SSN:" with the value "149999999" entered. Below the input field, a red message states "Please enter the nine digit Social Security Number". There are two buttons: "Search" and "Client Search(SCLR)". Below these buttons, a note says "Click on the P button before the DCN for 'Participation Search(SPAR)'". A list of links is provided: "Client Search(SCLR)", "DCN Search(S019)", "SSN Search(S024)", "SSN Search(SSSN)", "Participation Search(SPAR)", "Name Search(SNME)", "Client Race/Ethnicity/Language Inquiry(S030)", "Update Client Information(SUPD)", and "LIHEAP Registration(E1RG)". At the bottom right, the text "(DCN1024A) Wednesday, September 21, 2011 4:36:41" is displayed. The footer includes the "mo.gov" logo and links for "Privacy Policy", "Accessibility", "Connect with Us", "State Agencies", and "Online Services".

## SEARCHING FOR SUPPLEMENTAL MEDICAL INSURANCE (SMI) BUY-IN STATUS:

1. Type the person's Social Security Number on the S024 screen.
2. Click on SEARCH button.
3. The S024 screen will display with information related to the given SSN.

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

Department Client Number(DCN)

**Social Security Number Search**

SSN: 149999999

Information returned for SSN: 149999999

DCN	NAME	R/S	DOB	SSN	VER
<input type="checkbox"/> 64065103	RONIN MARVIN L	1M	10/10/1951	149-99-9999	X

S008: END OF DATA.

Search | Client Search(SCLR)

Click on the ☐ button before the DCN for "Participation Search(SPAR)"


[Client Search\(SCLR\)](#) • 
 [DCN Search\(S019\)](#) • 
 [SSN Search\(S024\)](#) • 
 [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAR\)](#) • 
 [Name Search\(SNME\)](#) • 
 [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

(DCN1024A) Wednesday, September 21, 2011 4:42:48 PM

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### ACCESSING PARTICIPATION SEARCH:

1. The screen will display, "End of Data."
2. Click on the "P" in the small box to the left of the DCN.
3. The Participation Search screen will display.



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Brian Kinkade, Interim Director

Department Client Number(DCN)

### Participation Search

Please enter the eight digit Department Client Number.

DCN:

The requested DCN **64065103** is associated with **RONIN MARVIN L .**

You may click the following button(s) to transfer to their page.

Income Maintenance
Claims & Restitution
FAMIS
FACES

They also participate in:


- Food Stamps(Old) - Child Support Enforcement - EPSDT - Senior Services - SS - EA - PHS - Buyin - MACSS - SEAS - Futures - MMIS - MOHSAIC - EBT - FAMIS-MED - FACES

Enter a new DCN or click a system participation button.

Submit

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

(DCN1056A) Thursday, September 22, 2011 3:52:48 PM


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### INCOME MAINTENANCE SEARCH:

1. The screen will display, "Enter a new DCN or click a system participation button."
2. Click on the INCOME MAINTENANCE (IM) button, if it appears, in order to display the Income Maintenance Participation screen.



1. The IM Participation screen will appear with a message, "ID3 Inquiry Complete."
2. If a case ID number preceded by a B, E, F, M or Q is displayed and the INDIVIDUAL STATUS field is ACTIVE, click on the 2 button to access the IM Case List screen.



Family Supp



Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

Page - 1

**Income Maintenance Case List**

Transaction I061 Key  Date 09/15/11

Case ID	County	Worker	Load	Case Status	Date Close
E	063	35654	00092	ACTIVE	

Select	DCN	Name	Race	Sex	Birth Date	SSN	VER	Individual Status
<input type="checkbox"/>		HEIMER JESS	U	M	08131953		X	ACTIVE

For Individual Information press the ☐ button in front of the desired DCN above:

MESSAGE: **I03:INQUIRY COMPLETE**

•  •  •

(FIM1061A) Thursday, September 15, 2011 3:23:15

LIHEAP



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### ACCESSING INCOME MAINTENANCE INDIVIDUAL DATA:

1. The IM Case List screen appears with the message, "Inquiry Complete."
2. Click on the "I" in the Select field to access the IM-Individual Data screen.

**NOTE:** This is the only way to access this screen.



Jay Hecox, Governor  
Brian Kirkade, Interior Director

Family Support

Missouri Department of  
**SOCIAL SERVICES**

Income Maintenance - Individual Data

Transaction	1069	Key		Date	09/15/11
Case ID	E	Case Name	HEIMER JESS		
Individual Dcn		Individual Name	HEIMER JESS		
		Individual Race	U		
		Individual Sex	M		
		Individual Birth Date	08/13/1953		
		Individual SSN		SSN Verification	X
INDV STATUS :	ACTIVE	NEWBORN IND :		ERND INCOME :	0.00
LEVEL / CARE :	A	\$30 1/3 DATE :		EMP ID NUMBR :	
XIX BEGIN :	01/01/74	\$30 OR 2/3 :		HOURS WORKED :	
XIX END :		REF/ENT DATE :		ERND INCOME2 :	0.00
INS DRP DT :		UTILITY STD :		EMP ID NUMBR :	
INS IND :		MAINTEN STD :		HOURS WORKED :	
STATUS DATE :		TRANS PROP :		UNERND INC :	0.00
QDW/QMB BEG :		SPOUSAL INC :	0.00	UNEMP COMP :	0.00
QDW/QMB END :		SHELTER EXP :	0.00	CHILD SUPP :	0.00
BI :	Y 0575	SSA CLAIM NO :		STP PRNT INC :	0.00
SLMB BEG :		OASDI AMOUNT :	158.90	MINOR PARENT :	0.00
SLMB END :		SSI AMOUNT :	0.00	INS PREM AMT :	0.00
SECND PARENT :		WORKERS COMP :	0.00	CHILD CARE :	0.00
URG CODE :		VA BENEFITS :	0.00		
ALIEN/VERIFY :	C Y	SHELTER WRK :	0.00		
MESSAGE:					
<input type="button" value="SUBMIT"/> <input type="button" value="IPAR"/> <input type="button" value="Case List"/> <input type="button" value="Case Data"/> <input type="button" value="Check Records"/>					

(RM1069A) Thursday, September 15, 2011 3:28:23 PM

mo.gov

### Determining Supplemental Medical Insurance (SMI) Buy-In Status

For category A cases, this deduction is only taken if the applicant is over income and the individual is paying for this out of his/her own pocket. The Social Security amount will be documented using the "OASDI" field. The SMI buy-in status will be determined by reviewing the "BI" field on the left side of the screen. If a "Y" is displayed in the BI field, it will indicate that the individual is in buy-in status; and that they are not paying their own SMI premium. The premium then will not be deducted from their income. If an "N" is displayed in the BI field, it will indicate that the individual is not in buy-in status and they do pay their buy-in amount. The premium amount, available on the LIHEAP – SSA Benefits (E1SI) screen, will then be deducted from their income. This deduction will be entered in the FS ADJUSTMENT field on E1LW.

### Medicare Part D Prescription Drug Coverage

For category A cases, this deduction is only taken if the applicant is over income and the individual is paying for this premium out of his/her own pocket. If you are using the LIHEAP SSA Benefit (E1SI) screen, the Medicare Part D Prescription Drug Coverage Premium has already been deducted from the monthly benefit amount displayed on the screen. If you are not using the E1SI screen, the deductions will need to be taken from the monthly benefit amount statement provided by the applicant. This deduction will be entered in the FS ADJUSTMENT field on E1LW.

## **CATEGORY A CASE INCOME COMPUTATION EXCEPTION**

There is one income computation exception used with Category A cases.

### **Cost of Living Adjustment (COLA) Increases**

FAMIS will reflect the January increase in Social Security (SS)/ Supplemental Security Income (SSI) or Railroad Retirement Benefits (RRB) for applications taken prior to February 1<sup>st</sup>. If the income exceeds the LIHEAP maximum, you will need to enter the difference between the amount from FAMIS and the actual amount received in the prior month's benefit amount. This difference will be entered in the FS ADJUSTMENT field on the LIHEAP Worksheet (E1LW). This exception will only involve applications taken prior to February 1<sup>st</sup> that are over income and have FAMIS information from December or January.

### **Food Stamp Adjustment**

Category A case deductions and income computation exceptions that make the case ineligible due to excess income will be entered in the FS ADJUSTMENT field on the E1LW screen. Five-thousand (\$5000) dollars is the maximum amount the FS ADJUSTMENT field will allow. **NOTE:** The FS ADJUSTMENT field will not appear on an A case if the household is not over income.


Missouri Department of  
SOCIAL SERVICES

Jay Nixon, Governor  
 Brian Kinkade, Interim Director

E1LW

## LIHEAP Worksheet

**Applicant**  
 SSN: 325159867    DCN: 60078571    Agency: A18-USCAA    County: 048-JACKSON    Last UserId: N/A  
 Last: ROBERTS    **Applicant Name**    First: SARA    MI: Y    Verified: No  
 Fiscal Year (FY): 11    Program Type: EA

---

**Income Calculation** (Hide) (Show)

Application Date:	08-03-2010	
Gross Unearned Income:	5000.00	
Gross Earned Income:	850.00	
Earned Income Adjustment:	x.80	
Income Subtotal:	5680.00	
Elderly / Disabled Deduction:	0.00	
Child Support Paid Deduction:	0.00	
SMI Deduction:	0.00	
Medicare Part 'D' Deduction:	0.00	
FS Adjustment:	\$	<input style="width: 50px;" type="text"/>
<b>Total Net Income :</b>	5680.00	<input type="button" value="E1IS(Income Summary)"/>

Category: A    Resources: 0    CARS Amount: 0.00    EA Benefits: 0.00

---

**Primary Supplier Information** (Hide) (Show)

---

**Secondary Supplier Information** (Hide) (Show)

---

**Renter Information** (Hide) (Show)

---

**ECIP Benefits** (Hide) (Show)

---

**Other Payment Amounts** (Hide) (Show)

---

Verify:  (Enter "YES" to Confirm)

**Message:** Case Will Be Denied; Excess Income. Determine If Criteria Met For FS Adjustment. If Ready To Process Case, Enter YES In The Verify Box and Click On The SAVE Button.

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD
E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP

S024 SCLR S019

### ENTERING FOOD STAMP ADJUSTMENT:

1. On a Category A case, type in the amount of the income deduction or exclusion in the FS ADJUSTMENT field on the E1LW screen. (\$5000 maximum)
2. Click on SAVE button. The TOTAL NET INCOME field will be updated with the adjusted amount.

3. If the case is income eligible, the EA BENEFITS field will display the EA benefit amount. **NOTE:** If the total net income amount is still over the LIHEAP benefit income range, the case remains ineligible due to excess income.

## CATEGORY B CASE

Category B cases are cases in which no household members are included in a FSEU. When this determination is made, you will be entering all household income and deduction information using the following screens: LIHEAP Worksheet (E1LW); LIHEAP Income Summary (E1IS); and LIHEAP Income Member Detail (E1ID).



Jay Nixon, Governor  
 Brian Kinkade, Interim Director

E1LW

### LIHEAP Worksheet

**Applicant**  
 SSN:  DCN: 64065103 Agency: A01-CMCA County: 026-COLE Last UserId: N/A

Last: RONIN First: MARVIN MI: L Verified: No  
 Fiscal Year (FY):  Program Type:

Income Calculation (Hide) (Show)

Application Date:	09-19-2011
Gross Unearned Income:	0.00
Gross Earned Income:	0.00
Earned Income Adjustment:	x.80
Income Subtotal:	0.00
Elderly / Disabled Deduction:	0.00
Child Support Paid Deduction:	0.00
SMI Deduction:	0.00
Medicare Part 'D' Deduction:	0.00
<b>Total Net Income :</b>	<b>0.00</b>

Category : B Resources: 50 CARS Amount: 0.00 EA Benefits: 0.00

Primary Supplier Information (Hide) (Show)

Secondary Supplier Information (Hide) (Show)

Renter Information (Hide) (Show)

ECIP Benefits (Hide) (Show)

Other Payment Amounts (Hide) (Show)

Verify:  (Enter "YES" to Confirm)

Message: All Members Income Must Be Verified To Process Case; Click On The E1IS(Income Summary) Button.

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD
E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP

S024 SCLR S019

**ACCESSING THE LIHEAP WORKSHEET (E1LW) SCREEN:**

1. Click on the E1LW button.
2. The LIHEAP Worksheet (E1LW) screen will display.

**NOTE:** For Category B cases the message, "All Members Income Must Be Verified to Process Case. Click on the E1IS (Income Summary) Button" will display.

Before accessing E1IS you will need to determine income, income exclusions, deductions and exceptions to enter this information on the E1ID screen.

**CATEGORY B CASE INCOME DETERMINATION**

For a Category B case, once you access the LIHEAP Worksheet the CATEGORY field will display "B". This indicates that no members were brought back from FAMIS on a FSEU. For Category B cases, you will determine and enter income by using the following steps:

- Determine all gross earned and unearned income less the allowable income exclusions for the month prior to the month of application (the month of application is the month the application is received in the office). See Application Documentation section on how to document earned and unearned income.
- Print the LIHEAP Employment Security (E1ES) screen for **all** household members that are 18 or older . If the E1ES screen indicates that an individual has been employed within the last six months, you will document whether the income has been terminated and record this information on the LIHEAP Case Notes (E1CN) screen. If the individual has wages in the income computation month, the amount must be documented in the case file. If Unemployment Compensation Benefits (UCB) is received in the month prior to the month of application, it will be included in determining total household income. See the Application Documentation section on how to access E1ES and display income and UCB information.
- If the total household monthly net income is zero, the following actions must be completed:
  - Contact the applicant to inquire how the household manages to keep current on their rent, utilities, etc. with no income. The applicant's response will be recorded on the LIHEAP Case Notes (E1CN) screen. If the management of this household cannot be adequately explained, the application will be denied.
  - Secure copies of the Participant Search (SPAR) screen for all household members age 18 or older. If participation is indicated, secure copies of the Income Maintenance Payroll Information screen (I066) and/or FAMIS screens to determine if income is indicated and should be included.

Each person in a Category B household must have their LIHEAP Member Income Detail (E1ID) screen entered and verified, even if the person is claiming zero income.

## **CATEGORY B CASE INCOME EXCLUSIONS**

Category B cases are entitled to the following income exclusions:

### **Retroactive/Deficiency Payments**

Income Maintenance Benefit Retroactive/Deficiency payments made under the Income Maintenance programs will be excluded when received in the month prior to the month of application. The code letters C, M or X before the check number will display on the Income Maintenance Payroll screen. Regular payments are identified with a K code.

Federal Entitlement, Private Pension and Social Security retroactive or deficiency payments will also be excluded. Only the regular monthly benefit amount will be counted as income.

### **Overpayments**

Overpayments from the following sources:

- Black Lung
- Government Employee Pensions
- Income Maintenance
- Private Pensions
- Railroad Retirement Benefits (RRB)
- Social Security Administration (SSA)
- Supplemental Security Income (SSI)
- Unemployment Compensation Benefits (UCB) that are being deducted from the current benefit amount will be excluded
- Veterans Administration Benefits (VA)

**NOTE:** Only income actually being received from these sources will be counted as income.

### **Income Which the Household Has No Control**

Income received over which the household has no control is the following:

- Reimbursement for expenses incurred in connection with employment and/or training. This exclusion refers only to reimbursement, such as mileage for job related travel expenses, etc. This is not to be interpreted to allow for expenses of producing income.
- Reimbursement for medical expenses. (Examples: Medicare and Veterans Administration Aid and Attendance).
- Reimbursement for Foster Care expenses such as clothing/transportation.
- Payments made to others on behalf of a household will be excluded. These payments occur when a person or organization outside the household uses its

funds to make a direct payment to either the household's creditors or to a person or organization providing a service to the household.

- Any gain or benefit that is not in the form of money which is received by any household member will be considered income-in-kind and excluded.
- Representative payments paid to the household on behalf of another household which is unable to manage the payment.

### **Personal Loans**

Personal loans in which a written repayment agreement dated prior to the date of application has been documented. Personal loans will be excluded as income to both the individual receiving the loan and the individual receiving the payment on a prior loan.

### **Earnings of Children**

Earnings received by a child residing in the household who is documented as attending high school. Verbal documentation from the school will be accepted and must be recorded on the LIHEAP Case Notes (E1CN) screen. This will also apply to children attending GED classes or home-schooled children.

### **Interest/Dividend Income**

Interest income received from the following sources will be excluded:

- Annuities
- Certificate of Deposit (CD)
- Corporate/Municipal bonds
- Individual Retirement account (IRA)
- Keoghs and Deferred Compensation plans
- Savings/Checking accounts
- Series E, EE, H or I bonds

**NOTE:** Dividends from stocks or mutual funds will also be excluded.

### **Lump Sum Payments**

Lump sum payments will be excluded as income, but counted as a resource if deposited in the bank. These will include, but are not limited to the following:

- Birthday and Christmas gifts
- Capital Gains
- Infrequent bonuses
- Insurance settlements
- Sale of personal property
- Senior citizen's tax credits
- Tax refunds **NOTE:** Tax refunds received in the last twelve (12) months must be subtracted from the total amount of resources which are deposited in a bank account.



## Student Income

The following student income will be excluded:

- Cash gifts or awards
- Fellowships
- Grants
- Loans
- Scholarships
- Veteran's educational benefits
- Work study

## Miscellaneous Exclusions

The following miscellaneous income will also be excluded:

- Payments or allowances made under any Federal, State or Local laws for the purpose of Energy Assistance. This will include HUD rent/utility subsidies. LIHEAP payments will not be considered as income or a resource in establishing a household's eligibility for any other programs operated by an agency.
- Payments for relocation made to persons displaced by Federal or Federally-Assisted programs which acquire real property.
- Compensation provided to volunteers in the Foster Grandparents Program, VISTA or the AmeriCorp Program.
- Reimbursements for transportation and attendant care costs when received by an eligible handicapped individual employed in a project under Title VI of the Rehabilitation Act of 1973.
- Income received under Title V of the Older Americans Act; this includes Experience Works formerly known as Green Thumb income.
- Payments made to individuals because of their status as victims of Nazi persecution shall be disregarded in determining eligibility for Energy Assistance.
- Unemployment Compensation Stimulus payments under ARRA are excluded income.
- Agent Orange settlement payments to veterans from Aetna Life and Casualty.

**NOTE:** Monthly VA benefits issued by the Department of Veterans Affairs as a result of exposure to Agent Orange are considered income.

- Earned Income Tax Credits (EITC) received as a lump sum or as advance payments will be excluded.
- Supportive service, stipends, needs-related and work experience payments received under the Workforce Investment Act of 1998 (WIA).

**NOTE:** Payments made to individuals under WIA's On-the-Job Training program are considered earned income and are not excluded.

## **CATEGORY B CASE INCOME EXCEPTIONS**

### **Social Security/Supplemental Security (SSI) or Railroad Retirement (RRB)**

If the prior month's income documentation is not available, we can use the current year's benefit amount or the future year's benefit amount, provided the EA payment level is not affected.

### **Rental Income**

Income from the rent of land and/or buildings that is not received on a monthly basis must be prorated to a monthly amount. If received annually, divide by 12; semi-annually, divide by 6; etc.

**NOTE:** Conservation Reserve Program (CRP) payments will be considered as rental income.

### **Installment Income**

Income from the installment sale of property including interest and principle that is not received on a monthly basis must be prorated to a monthly amount. Any legal obligations against the property that are not paid on a monthly basis must be prorated to a monthly amount. If received annually, divide by 12; semi-annually, divide by 6; etc.

### **Self-Employment Income**

A self-employed person is defined as an individual who has filed a current Federal Income Tax Return Form 1040 and is presently self-employed in the same profession.

Use last year's 1040 unless the household has filed for the current year. If the 1040 has not been filed, does not reflect a full year's income or the individual is no longer self-employed in the same profession; follow the Category B income determination procedures. **NOTE:** Reference Earned Income; Self-Employment/Partnership Income in the Application section to determine which income should be included when using the 1040 for verification of income.

### **Partnership Income**

Partnership income is identified on the Federal Income Tax Form 1040 and will be computed in the same manner as self-employment income.

If any rental income is included in the partnership income, the rental income will be computed separately using the Rental Income procedures previously described.

**NOTE:** Reference Earned Income; Self-Employment/Partnership Income in the Application section to determine which income should be included when using the 1040 for verification of income.

## Excess Income/Crisis Situation

All of the following conditions must be met to exercise the excess income crisis situation exception:

- Income for the month prior to the month of application causes ineligibility.
- The household must be documented as being in a crisis situation; meaning their service is threatened or terminated.
- Household member no longer has any income. The particular individual must have zero income as of the approval date. It must be documented that the prior month's income has been terminated. Telephone documentation will be acceptable and must be recorded on the LIHEAP Case Notes (E1CN) screen. Documentation will include the date of contact, name and title of person contacted and the date income was terminated. If this person has other sources of income, this exception will not apply.

When the above conditions are met, household income will be recomputed by excluding the income that has been terminated. Any income received from the terminated income in the current month must be documented and included. Telephone documentation will be acceptable and must be recorded on the LIHEAP Case Notes (E1CN) screen. If the household is income eligible based on the new computations, the application will be processed.

## CATEGORY B CASE INCOME DEDUCTIONS

### Earned Income Deduction Of 20%

This deduction applies to employment income including wages, vacation pay, regular bonuses, overtime, tips, sick leave, maternity leave, roomer/boarder and self-employment income. This deduction will figure automatically on the LIHEAP Worksheet (E1LW) screen when earned income is entered on the LIHEAP Member Income Detail (E1ID) screen.

### Medical Deduction for Elderly/Disabled

This deduction is automatically given to households in which the applicant or spouse is elderly (age 65 or older) or disabled. These households will be entitled to a \$100 deduction for medical expenses. Only one \$100 deduction will be allowed, even if both applicant and spouse meet either or both criteria. This deduction is automatically included on the E1LW screen from information entered on the LIHEAP Registration (E1RG) and LIHEAP Member (E1MM) screens. The age is automatically determined by the system from birth date information. The disability status is entered on the E1MM screen. **NOTE:** If the disability status is not indicated on the E1MM screen for the applicant or spouse, this deduction will not appear on the E1LW income calculation information.

For a Category B case, where any case member is under the age of 65, and is receiving Social Security, Supplemental Security Income (SSI), Civil Service Disability Pension, Black Lung (BL), Blind Pension (BP), Supplemental Payment (SP), Railroad Retirement

Benefit (RRB), Veterans Administration (VA) or Supplemental Aid to the Blind (SAB) payments, the disability code on the LIHEAP Member (E1MM) screen may need to be reviewed. If the disability code field on the LIHEAP Member (E1MM) screen indicates disability “No”, and one of the previously mentioned income types is entered by the worker on E1ID for that person, a screen Message will display requiring the worker to either update the disability field on the LIHEAP Member (E1MM) screen to “Yes” or correct the income source entered on E1ID. This action will be required in order to get the LIHEAP Worksheet (E1LW) screen verified.

If the E1MM screen is coded “Y” and there is no corresponding disability income source indicated, an Alert box will pop-up asking the worker to review the Disability and Income Source fields for accuracy. **The E1LW screen will be verified in these instances.** If, after a review of the Disability Code on the LIHEAP member (E1MM) screen against the Income Source on the LIHEAP Income Summary (E1ID) screen for the member, it is determined the disability code on the LIHEAP member (E1MM) screen is incorrect, the worker will update the screen and re-verify the other screens (E1AP/E1LW). If the disability code on the LIHEAP member (E1MM) screen is correct, no action is required. It is possible for a person to receive Medical Assistance (MA) from the State and yet have no income source identified.

**NOTE:** The LIHEAP Case Action (E1AC) screen will display a change any time a member’s disability status is updated.

When the Disability code on the LIHEAP member (E1MM) screen and the income source on LIHEAP (E1ID) screen for the members SSN are not in agreement, the following screen message will appear, “The Disability Code On E1MM and The Income Source on E1IS for SSN: xxx-xx-xxxx Are Not In Agreement. One Of These Fields Must Be Corrected In Order To Have The E1LW Screen Verified.”

### **Child Support Payments**

All child support payments paid by any household member to someone outside the household during the month prior to the month of application will be an allowable deduction. Child support payments must be documented in the case file in order to be allowed as a deduction. This deduction will be entered on the LIHEAP Member Income Detail (E1ID) screen for the specific applicant or member who is paying the child support.

### **Supplemental Medical Insurance (SMI) Premium**

The SMI premium is an allowable deduction for all household members who are paying the premium. SMI is an additional health cost that is available to persons receiving Social Security and Railroad Retirement Benefits. The client must be 65 or older or disabled and receiving Social Security/Railroad Retirement disability for two years to be eligible for SMI benefits. If the client receives Income Maintenance benefits (IM), the State of Missouri may be paying the SMI premium on behalf of the client. This is referred to as “buy-in” (B/I); therefore, no deduction would be allowed. See Accessing Income Maintenance Screen for SMI Deduction to determine if State of Missouri is paying this premium. If the benefit check, award letter or bank statements have been used to document Social Security, it is not necessary to explore the SMI premium as a deduction. **NOTE:** This deduction will be entered on the LIHEAP Member Income Detail

(E1ID) screen for the specific applicant or member paying the premium. If using the LIHEAP SSA Benefits (E1SI) screen, the SMI deduction has already been deducted from the monthly benefit amount displayed; therefore, you will not enter this on the LIHEAP – Member Income Detail (E1ID) screen.

### **Medicare Part D Prescription Drug Coverage**

The Medicare Part D deduction is an allowable deduction for all household members who are paying the premium. If you are using the LIHEAP SSA Benefits (E1SI) screen, the Medicare Part D Prescription Drug Coverage Premium has already been deducted from the monthly benefit amount displayed on the screen. If you are not using the E1SI screen, the deductions will need to be taken from the monthly benefit amount. This deduction will be entered on the LIHEAP Member Income Detail (E1ID) screen for the specific applicant or member paying the premium.

### **ADD INCOME INFORMATION AND DEDUCTIONS FOR CATEGORY B CASES**

To add income information, including deductions, you will need to first access the LIHEAP Income Summary (E1IS) screen from the E1LW screen.

Jay Nixon, Governor  
Brian Kinkade, Interim Director

E1LW

## LIHEAP Worksheet

Applicant: SSN: 149999999 DCN: 64065103 Agency: A01-CMCA County: 026-COLE Last UserId: N/A

Applicant Name: First: MARVIN MI: L Verified: No

Last: RONIN Fiscal Year (FY): 12 Program Type: EA

---

**Income Calculation (Hide) (Show)**

Application Date:	09-19-2011
Gross Unearned Income:	0.00
Gross Earned Income:	0.00
Earned Income Adjustment:	x.80
Income Subtotal:	0.00
Elderly / Disabled Deduction:	0.00
Child Support Paid Deduction:	0.00
SMI Deduction:	0.00
Medicare Part 'D' Deduction:	0.00
Total Net Income :	0.00

[E1IS\(Income Summary\)](#)

Category : B Resources: 50 CARS Amount: 0.00 EA Benefits: 0.00

---

**Primary Supplier Information (Hide) (Show)**

---

**Secondary Supplier Information (Hide) (Show)**

---

**Renter Information (Hide) (Show)**

---

**ECIP Benefits (Hide) (Show)**

---

**Other Payment Amounts (Hide) (Show)**

---

Verify: ☐ (Enter "YES" to Confirm)

**Message:** All Members Income Must Be Verified To Process Case; Click On The E1IS(Income Summary) Button.

[Inquiry](#) [Print](#)

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E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP

S024 SCLR S019

### ACCESSING LIHEAP INCOME SUMMARY (E1IS) SCREEN:

1. From E1LW, click on the E1IS (Income Summary) button.
2. You will flow to the LIHEAP Income Summary (E1IS) screen and the message, "Successfully Displayed; Click On Details Button To Verify on E1ID Screen," will display.

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

E1IS

### LIHEAP Income Summary

**Applicant**  
 SSN: 149-99-9999    DCN: 64065103    Agency: A01-CMCA    County: 026-COLE  
**Applicant Name**  
 Last: RONIN    First: MARVIN    MI: L    Fiscal Year: 12    Program Type: EA

Member(s)	SSN	DCN	FSEU Case	Name(Last, First MI)	Income			Deductions		Verified
					Gross Unearned	Gross Earned	SMI	Child Support	Medicare Part D	
<a href="#">Details</a>	149-99-9999	64065103		RONIN MARVIN L	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	N
<b>Totals:</b>					\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	

**Message:** Successfully Displayed; Click On Details Button To Verify On E1ID Screen.

[E1LW\(Return to Worksheet\)](#)    [Print](#)

[E1LW\(New Worksheet\)](#)

User ID:(J0NEK02)    Program(FAU102 version=001) Saturday, September 24, 2011 3:24:59 PM

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The Income Summary (E1IS) screen will display unearned income, earned income and child support deductions for each member.

For Category B cases there will be no FSEU Case. When you first access the E1IS screen, the income and deduction fields will be \$0.00 and verify will display, "N". You will need to access each person's LIHEAP Member Income Detail (E1ID) screen to enter income and deduction information and then verify the E1ID for each member.

#### ACCESSING LIHEAP MEMBER INCOME DETAILS (E1ID) SCREEN:

1. From E1IS screen, click on the DETAILS button immediately preceding the SSN of an applicant or member.
2. You will flow to the LIHEAP Member Income Details (E1ID) screen and the message, "Enter Income and Deductions for Given Member and SAVE/Verify. If None, SAVE/Verify," will display.

**NOTE:** Each person in a Category B household must have their E1ID screen entered and verified, even if the person is claiming zero income. The system will alert you with a pop-up message indicating the requirement for a LIHEAP Employment Security (E1ES) screen print for anyone 18 or over claiming zero income.



Jay Nixon, Governor  
Brian Kinkade, Interim Director

E1ID

## LIHEAP - Member Income Detail

**Applicant**  
 SSN: 149-99-9999    DCN: 64065103    Agency: A01-CMCA    County: 026-COLE    Last UserId: JONEKOZ

**Applicant Name**

Last: RONIN    First: MARVIN    MI: L    Fiscal Year: 12    Program Type: EA    Verified: Yes

**Member Information**

SSN: 149-99-9999    DCN: 64065103    Last: RONIN    First: MARVIN    MI: L

Member has no income: ☐

### INCOME

**Gross Unearned:**  
 Source:     Frequency:     Amount(s):   
       

Total Unearned Income: \$ 946.00

**Gross Earned:**  
 Source:     Frequency:     Amount(s):

Total Earned Income: \$ 0.00

Self Employment Income:  /12 = 0.00 (Tax form 1040)    Total Unearned, Earned & Self-Employment Income: \$ 946.00

### DEDUCTIONS

**Child Support**    Frequency:     Amount(s):

Total Child Support Deductions: \$ 0.00

SMI Monthly Amount:     Total SMI: \$ 96.40

Medicare Part D Monthly Amount:     Total Part D: \$ 0.00

Total Deductions: \$ 96.40

Verify:

Message: Record Updated

User ID:(JONEKOZ)    Program(FEAU103 version=001) Saturday, September 24, 2011 3:29:05 PM

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### ENTERING MEMBER INCOME AND DEDUCTIONS ON LIHEAP MEMBER INCOME DETAIL (E1ID) SCREEN:

1. If the member has no income, leave the MEMBER HAS NO INCOME field checked. Type "YES" in VERIFIED field and click on SAVE button. A pop-up Box will display, with the message, "Member is 18 or Older; E1ES Screen Copy Required for Case File." Click on the "OK" button to acknowledge that the instructions will be followed.
2. If the member has gross unearned income, select the source and frequency and type in the dollar amount. The system will round the income for the benefit calculations.
3. If the member has gross earned income, select the source and frequency and type in the dollar amount. The system will round the income amount for the benefit calculations.

4. For self-employment income from tax form 1040, type the yearly amount in the SELF-EMPLOYMENT INCOME field.
5. For child support deductions, select the frequency and type the amount in the DOLLAR AMOUNT.
6. Type the SMI amount in the SMI MONTHLY AMOUNT field.
7. Type the Medicare Part D amount in the MEDICARE PART D MONTHLY AMOUNT.
8. Type "YES" in VERIFIED field.
9. Click on SAVE button. The message, "Income Details Verified And Record Updated," will display and the VERIFIED field at the top of the screen will display "YES".

You will complete this process for each member on a Category B case.

Once the information is verified and updated on the E1ID screen, the E1IS screen will display the income and deduction totals for the household.

**Missouri Department of SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

**E1IS**

### LIHEAP Income Summary

**Applicant**  
SSN: 149-99-9999    DCN: 64065103    Agency: A01-CMCA    County: 026-COLE

**Applicant Name**  
Last: RONIN    First: MARVIN    MI: L    Fiscal Year: 12    Program Type: EA

Member(s)				Income			Deductions		
SSN	DCN	FSEU Case	Name(Last, First MI)	Gross Unearned	Gross Earned	SMI	Child Support	Medicare Part D	Verified
<a href="#">Details</a> 149-99-9999	64065103		RONIN MARVIN L	\$ 946.00	\$ 0.00	\$ 96.40	\$ 0.00	\$ 0.00	Y
<b>Totals:</b>				\$ 946.00	\$ 0.00	\$ 96.40	\$ 0.00	\$ 0.00	

**Message:** Successfully Displayed.

[E1LW\(Return to Worksheet\)](#) [Print](#)

[E1LW\(New Worksheet\)](#)

User ID:(JONEK02)    Program(FEAU102 version=001) Saturday, September 24, 2011 3:30:26 PM

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#### RETURNING TO THE E1IS SCREEN:

1. Click on the E1IS (Return to Summary) button at the bottom of the E1ID screen to return to the E1IS screen.
2. The message, "Successfully Displayed," will display.

From the E1IS screen, you can then return to the LIHEAP Worksheet (E1LW) screen.

**RETURNING TO THE E1LW SCREEN:**

1. Click on the E1LW (Return to Worksheet) button at the bottom of the E1IS screen.
2. The message for eligible cases will display, "Applicant Eligible For Processing. If Ready To Process Case, Enter YES In The Verify Box and Click On The SAVE Button."
3. The message for ineligible cases will display, "Case Will Be Denied; Excess Income. All Member(s) Income Has Been Verified; Click On The FAMIS Button For Further Process." **NOTE:** Household circumstances could have changed and the household could now be receiving food stamps. For this reason, the system will require the user to click on the FAMIS button.

You will need to review the E1LW screen. If it is accurate, verify and save this information.

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

E1LW

### LIHEAP Worksheet

**Applicant**  
 SSN: 149999999 DCN: 64065103 Agency: A01-CMCA County: 026-COLE Last UserId: JONEKOZ  
 Applicant Name  
 Last: RONIN First: MARVIN MI: L Verified: Yes  
 Fiscal Year (FY): 12 Program Type: EA

**Income Calculation (Hide) (Show)**  
 Application Date: 09-19-2011  
 Gross Unearned Income: 946.00  
 Gross Earned Income: 0.00  
 Earned Income Adjustment: x.80  
 Income Subtotal: 946.00  
 Elderly / Disabled Deduction: 0.00  
 Child Support Paid Deduction: 0.00  
 SMI Deduction: 96.40  
 Medicare Part D Deduction: 0.00  
 Total Net Income: 849.60  
 Category: B Resources: 50 CARS Amount: 0.00 EA Benefits: 233.00  
 E1IS(Income Summary)

**Primary Supplier Information (Hide) (Show)**  
**Secondary Supplier Information (Hide) (Show)**  
**Renter Information (Hide) (Show)**  
**ECIP Benefits (Hide) (Show)**  
**Other Payment Amounts (Hide) (Show)**

Verify: ☐ (Enter "YES" to Confirm)  
 Message: Worksheet Has Been Verified

Inquiry Save Print

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD  
 LIHEAP SSN Request  
 E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
 E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP  
 S024 SCLR S019

**VERIFYING LIHEAP WORKSHEET (E1LW) SCREEN:**

1. Type "Yes" in the VERIFY field and click on the SAVE button.
2. Screen will display with message, "Worksheet Has Been Verified."

**CATEGORY C CASE**

Category C cases are cases in which some, but not all of the members of the household are included in a FSEU. With Category C cases those members who are included in a FSEU will have their income information populate from FAMIS. For the members not included in a FSEU all the income determinations, exclusions, exceptions and deductions will be the same as a Category B case member. For the members not included, you will be entering their income and deduction information using the following screens: LIHEAP Worksheet (E1LW); LIHEAP Income Summary (E1IS); and LIHEAP Income Member Detail (E1ID).

Jay Nixon, Governor  
Brian Kinkade, Interim Director

E1LW

## LIHEAP Worksheet

Applicant  
 SSN: 658998105    DCN: 60078713    Agency: A18-USCAA    County: 048-JACKSON    Last UserId: FEAR060

Applicant Name  
 Last: GREEN    First: SARA    MI: N    Verified: No

Fiscal Year (FY): 11    Program Type: EA

---

Income Calculation (Hide) (Show)

Application Date:	08-03-2010
Gross Unearned Income:	0.00
Gross Earned Income:	400.00
Earned Income Adjustment: x.80	
Income Subtotal:	320.00
Elderly / Disabled Deduction:	0.00
Child Support Paid Deduction:	0.00
SMI Deduction:	0.00
Medicare Part 'D' Deduction:	0.00
Total Net Income :	320.00

E1IS(Income Summary)

Category : C    Resources : 0    CARS Amount: 0.00    EA Benefits: 0.00

---

Primary Supplier Information (Hide) (Show)

---

Secondary Supplier Information (Hide) (Show)

---

Renter Information (Hide) (Show)

---

ECIP Benefits (Hide) (Show)

---

Other Payment Amounts (Hide) (Show)

---

Verify: ☐ (Enter "YES" to Confirm)

Message: All Members Income Must Be Verified To Process Case; Click On The E1IS(Income Summary) Button.

Inquiry    Print

---

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
 E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP

S024 SCLR S019

### ACCESSING THE LIHEAP WORKSHEET (E1LW) SCREEN:

1. Click on the E1LW button.
2. The LIHEAP Worksheet (E1LW) screen will display with the message, "All Members Income Must Be Verified To Process Case; Click On The E1IS (Income Summary) Button."

Category C cases will require that you update the LIHEAP Member Income Detail (E1ID) screen for all members not included on a FSEU. To complete this update you must first access the LIHEAP Income Summary (E1IS) screen.



Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

**E1IS**

### LIHEAP Income Summary

**Applicant**  
**SSN:** 658-99-8105    **DCN:** 60078713    **Agency:** A18-USCAA    **County:** 048-JACKSON  
**Applicant Name**  
**Last:** GREEN    **First:** SARA    **MI:** N    **Fiscal Year:** 11    **Program Type:** EA

Member(s)	SSN	DCN	FSEU Case	Name(Last, First MI)	Income			Deductions		Verified
					Gross Unearned	Gross Earned	SMI	Child Support	Medicare Part D	
<a href="#">Details</a>	658-99-8105	60078713	FS0060078713FSP001	GREEN SARA N	\$ 0.00	\$ 400.00	\$ 0.00	\$ 0.00	\$ 0.00	Y
<a href="#">Details</a>	658-47-1015	60078714		GREEN JIM A	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	N
<a href="#">Details</a>	325-87-4156	60078715	FS0060078713FSP001	GREEN ANN L	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Y
<b>Totals:</b>					\$ 0.00	\$ 400.00	\$ 0.00	\$ 0.00	\$ 0.00	

**Message:** Successfully Displayed; Click On Details Button To Verify On E1ID Screen.

[E1LW\(Return to Worksheet\)](#) [Print](#)

[E1LW\(New Worksheet\)](#)


User ID: (FEAR060 )    Program(FEAU102 version=001) Saturday, September 24, 2011 3:46:39 PM

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#### ACCESSING LIHEAP INCOME SUMMARY (E1IS) SCREEN:

1. From E1LW, click on the E1IS (Income Summary) button.
2. You will flow to the LIHEAP Income Summary (E1IS) screen and the message, "Successfully Displayed; Click on Details Button to Verify on E1ID Screen," will display.

**NOTE:** On Category C cases you will see the FSEU Case for members included in a Food Stamp household with income and deduction amounts indicating verified. This will indicate "N" for no on any member who does not have a Food Stamp case. For this member the LIHEAP Member Income Detail screen will need to be verified and saved.


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E1ID

### LIHEAP - Member Income Detail

**Applicant**  
 SSN: 658-99-8105    DCN: 60078713    Agency: A18-USCAA    County: 048-JACKSON    Last UserId: FEAR060

Applicant Name

**Member Information**  
 Last: GREEN    First: SARA    MI: N    Fiscal Year: 11    Program Type: EA    Verified: Yes

SSN: 658-47-1015    DCN: 60078714    Last: GREEN    First: JIM    MI: A

---

Member has no income: ☐

#### INCOME

**Gross Unearned:**

Source:	Frequency:	Amount(s):
Railroad Retirement	Monthly	1) 500.00
Please Select	Please Select	1) 0.00

Total Unearned Income: \$ 500.00

**Gross Earned:**

Source:	Frequency:	Amount(s):
Please Select	Please Select	1) 0.00

Total Earned Income: \$ 0.00

Self Employment Income: 0.00 /12 = 0.00 (Tax form 1040)    Total Unearned, Earned & Self-Employment Income: \$ 500.00

---

#### DEDUCTIONS

**Child Support**

Frequency:	Amount(s):
Monthly	1) 100.00
Please Select	1) 0.00

Total Child Support Deductions: \$ 100.00

SMI Monthly Amount: 0.00    Total SMI: \$ 0.00

Medicare Part D Monthly Amount: 0.00    Total Part D: \$ 0.00


Total Deductions: \$ 100.00

---

Verify: ☐ (Enter "YES" to Confirm)

Message: Record Updated

User ID:(FEAR060 )    Program(FEAU103 version=001) Saturday, September 24, 2011 3:48:28 PM



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### ACCESSING LIHEAP MEMBER INCOME DETAILS (E1ID) SCREEN:

1. From E1IS, click on the DETAILS button immediately preceding the SSN of an applicant or member.
2. You will flow to the LIHEAP Member Income Details (E1ID) screen and the message, "Enter Income and Deductions for Given Member and SAVE/Verify. If None, SAVE/Verify," will display.

**NOTE:** Each person in a Category C household not in a FSEU must have their E1ID screen entered and verified, even if the person is claiming zero income. The system will

alert you with a pop-up message indicating the requirement for a LIHEAP Employment Security (E1ES) screen print for anyone 18 or over claiming zero income.

**ENTERING MEMBER INCOME AND DEDUCTIONS ON LIHEAP MEMBER INCOME DETAIL (E1ID) SCREEN:**

1. If the member has no income, leave the MEMBER HAS NO INCOME field checked. Type "YES" in VERIFIED field and click on SAVE button. A Pop-Up Box will display, with the message "Member is 18 or Older; E1ES Screen Copy Required for Case File." Click on the "OK" button to acknowledge that the instructions will be followed.
2. If the member has gross unearned income, select the source and frequency and type in the dollar amount. The system will round the income amount for the benefit calculations.
3. If the member has gross earned income, select the source and frequency and type in the dollar amount. The system will round the income amount for the benefit calculations.
4. For self-employment income from tax form 1040, type the yearly amount in the SELF-EMPLOYMENT INCOME field.
5. For child support deductions select the frequency and type the amount in the DOLLAR AMOUNT.
6. Type the SMI amount in the SMI MONTHLY field.
7. Type the Medicare Part D amount in the MEDICARE PART D MONTHLY AMOUNT.
8. Type "YES" in VERIFIED field.
9. Click on SAVE button. The message, "Income Details Verified And Record Updated" will display and the VERIFIED field at the top of the screen will display "YES".

You will complete this process for each member on a Category C case that is not included on a FSEU.

Once the information is verified and updated on the E1ID screen, the E1IS screen will display the income and deduction totals for the household.



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**E1IS**

### LIHEAP Income Summary

**Applicant**  
 SSN: 658-99-8105    DCN: 60078713    Agency: A18-USCAA    County: 048-JACKSON

**Applicant Name**  
 Last: GREEN    First: SARA    MI: N    Fiscal Year: 11    Program Type: EA

Member(s)	SSN	DCN	FSEU Case	Name(Last, First MI)	Income			Deductions		
					Gross Unearned	Gross Earned	SMI	Child Support	Medicare Part D	Verified
<a href="#">Details</a>	658-99-8105	60078713	FS0060078713FSP001	GREEN SARA N	\$ 0.00	\$ 400.00	\$ 0.00	\$ 0.00	\$ 0.00	Y
<a href="#">Details</a>	658-47-1015	60078714		GREEN JIM A	\$ 500.00	\$ 0.00	\$ 0.00	\$ 100.00	\$ 0.00	Y
<a href="#">Details</a>	325-87-4156	60078715	FS0060078713FSP001	GREEN ANN L	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Y
<b>Totals:</b>					\$ 500.00	\$ 400.00	\$ 0.00	\$ 100.00	\$ 0.00	

**Message:** Successfully Displayed.

[E1LW\(New Worksheet\)](#)

User ID: FEAR060    Program(FEAU102 version=001) Saturday, September 24, 2011 3:50:02 PM

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#### RETURNING TO THE E1IS SCREEN:

1. Click on the E1IS (Return to Summary) button at the bottom of the E1ID screen to return to the E1IS screen.
2. The message, "Successfully Displayed," will display.

From the E1IS screen you can then return to the LIHEAP Worksheet (E1LW) screen.

#### RETURNING TO THE E1LW SCREEN:

1. Click on the E1LW (Return to Worksheet) button at the bottom of the E1IS screen.
2. The message for eligible cases will display, "Applicant Eligible For Processing. All Member(s) Income Has Been Verified; Click On The FAMIS Button For Further Process."
3. The message for ineligible cases will display, "Case Will Be Denied; Excess Income. Determine If Criteria Met For FS Adjustment. All Member(s) Income Has Been Verified; Click On The FAMIS Button For Further Process."

You will need to review the E1LW screen. If it is accurate, verify and save this information.

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E1LW

## LIHEAP Worksheet

Applicant  
 SSN: 658998105    DCN: 60078713    Agency: A18-USCAA    County: 048-JACKSON    Last UserId: FEAR060

Applicant Name  
 Last: GREEN    First: SARA    MI: N    Verified: Yes

Fiscal Year (FY): 11    Program Type: EA

---

Income Calculation (Hide) (Show)

Application Date:	08-03-2010
Gross Unearned Income:	500.00
Gross Earned Income:	400.00
Earned Income Adjustment: x.80	
Income Subtotal:	820.00
Elderly / Disabled Deduction:	0.00
Child Support Paid Deduction:	100.00
SMI Deduction:	0.00
Medicare Part 'D' Deduction:	0.00
Total Net Income :	720.00

E1IS(Income Summary)

Category : C    Resources: 0    CARS Amount: 0.00    EA Benefits: 180.00

---

Primary Supplier Information (Hide) (Show)

---

Secondary Supplier Information (Hide) (Show)

---

Renter Information (Hide) (Show)

---

ECIP Benefits (Hide) (Show)

---

Other Payment Amounts (Hide) (Show)

---

Verify: ☐ (Enter "YES" to Confirm)

Message: Worksheet Has Been Verified

---

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### VERIFYING LIHEAP WORKSHEET (E1LW) SCREEN:

1. Click on FAMIS button. The message, "Applicant Eligible For Processing. If Ready To Process Case, Enter "YES" In The Verify Box and Click On The SAVE Button," will display.
2. Type "Yes" in the VERIFY field and click on the SAVE button.
3. Screen will display with message, "Worksheet Has Been Verified."

### LIHEAP WORKSHEET HISTORY MENU (E1WH) SCREEN

Changes may be made to a verified LIHEAP Worksheet (E1LW) during the program year. The current E1LW will display the last verified worksheet. You may view previously verified E1LW's by accessing the LIHEAP Worksheet History Menu (E1WH) screen.

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E1WH

### LIHEAP - Worksheet History Menu

Applicant:  
 SSN: 658998105    DCN: 60078713    Agency: A18-USCAA    County: 048-JACKSON    Last Userid: FEAR060  
 Last: GREEN    First: SARA    MI: N  
 Fiscal Year (FY): 11    Program Type: EA

Details    Date: 09-24-2011    Time: 15:50:48    Worksheet Verified By User: FEAR060

Message: Worksheet History Menu Displayed

Inquiry

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
 E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP


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#### ACCESSING THE LIHEAP WORKSHEET HISTORY MENU (E1WH) SCREEN:

1. Click on the E1WH button.
2. The LIHEAP Worksheet History Menu (E1WH) will display with the message, "Worksheet History Menu Displayed."

The E1WH screen will display a listing of worksheets, with the date, time and user verification listed for each worksheet. You will then choose a worksheet and access the LIHEAP Worksheet History Details (E1HT) screen to get the worksheet information.

E1HT



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## LIHEAP Worksheet History Details

**Applicant**  
 SSN: 658998105    DCN: 60078713    Agency: A18-USCAA County: 048-JACKSON    Last UserID: FEAR060  
 Last: GREEN    First: SARA    MI: N    Verified: Yes

Fiscal Year (FY): 11    Program Type: EA    Date: 09-24-2011    Time: 15:50:48    Verified By User: FEAR060

**Income Calculation**

Application Date: 08-03-2010

Gross Unearned Income: 500.00

Gross Earned Income: 400.00

Earned Income Adjustment: x.80

Income Subtotal: 820.00

Elderly / Disabled Deduction: 0.00

Child Support Paid Deduction: 100.00

SMI Deduction: 0.00

Medicare Part 'D' Deduction: 0.00

FS Adjustment: 0.00

Total Net Income: 720.00

Category: C    Resources: 0    CARS Amount: 0.00    EA Benefits: 180.00

**Member(s) Income Summary**

SSN	DCN	FSEU Case	Name (Last, First MI)	Income		SMI	Deductions		Verified
				Gross Unearned	Gross Earned		Child Support	Medicare Part D	
<a href="#">Details</a> 658-99-8105	60078713	FS00600787	GREEN SARA N	\$ 0.00	\$ 400.00	\$ 0.00	\$ 0.00	\$ 0.00	Y
<a href="#">Details</a> 658-47-1015	60078714		GREEN JIM A	\$ 500.00	\$ 0.00	\$ 0.00	\$ 100.00	\$ 0.00	Y
<a href="#">Details</a> 325-87-4156	60078715	FS00600787	GREEN ANN L	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Y

**Message:** Applicant History Information Found

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP

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### ACCESSING THE LIHEAP HISTORY DETAILS (E1HT) SCREEN:

1. From the E1WH screen, click on the DETAILS button immediately preceding the SSN of the applicant or member.
2. You will flow to the LIHEAP History Details (E1HT) screen and the message, "Applicant History Information Found," will display.

E1HT will display the worksheet information and list the household members included in the determination. Each household member's demographics, income and deductions will display. Click on the DETAILS button immediately preceding the SSN of the applicant or member. The E1HT screen will expand and show detailed information regarding income and deductions sources.

From the E1HT screen, you can then return to the LIHEAP Worksheet History Menu (E1WH) screen.

**RETURNING TO THE LIHEAP WORKSHEET HISTORY MENU (E1WH) SCREEN:**

1. Click on the RETURN TO E1WH button at the bottom of the E1HT screen.

From the E1WH screen, you may pick another worksheet to view. You will not have to return to the LIHEAP Worksheet (E1LW) screen to access other screens.

## **CHANGES**

Changes can be made to the case and worksheet until Friday of each week when the case is sent for either direct payment or generates a Customer Eligibility Listing (CEL) to the supplier. If updates are made on E1MM or E1AP, they will need to be verified again before accessing the E1LW screen for verification. **NOTE:** FAMIS will be accessed again for updated information during this process.

Each Friday the payroll process batch will run which will lock the case and will not allow any updates to be made until a direct payment is processed or a supplier response is received. After this, you can make changes to the corresponding screens on the following data:


- County number on E1RG
- Update/delete notes on E1CN
- Assign SSN to pseudo SSN on E1RG and E1MM
- Address and phone number on E1AP
- Secondary Supplier Information on E1AP
- ECIP and other payment amounts on E1LW

Any changes made based on verbal verification must be documented on E1CN.

Changes involving income, deductions, monthly rent amount, fuel type, adding or removing members and changing primary supplier will be submitted to FSD LIHEAP staff to process. You will need to include documentation to indicate the reason this data is being changed. **NOTE:** Verification of information obtained verbally must be documented on E1CN prior to submitting a request for change.

## **LIHEAP CASE ACTIONS**

Actions taken on a LIHEAP case can be seen on the LIHEAP Action (E1AC) screen. This is an inquiry screen only and cannot be used to update case information.


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E1AC

### LIHEAP Action Screen

**Applicant:**  
 SSN:     DCN:     Agency:     County:

**Applicant Name:**  
 Last:     First:     MI:

Fiscal Year (FY):     Program Type:

Date	Time	UserID	Transaction	Member SSN	Description
09-24-2011	15:56:32	FEAR060	E1LW		APPLICATION ELIGIBLE
09-24-2011	15:56:32	FEAR060	E1LW		WORKSHEET VERIFIED
09-24-2011	14:42:10	FEAR060	E1LW		INCOME CHANGED
09-24-2011	14:42:01	FEAR060	E1AP		APPLICATION VERIFIED
09-24-2011	14:40:45	FEAR060	E1MM	584-89-3592	MEMBER ADDED - ACTIVE
09-24-2011	14:40:45	FEAR060	E1MM	659-81-5648	MEMBER ADDED - ACTIVE
09-24-2011	14:40:45	FEAR060	E1MM	124-69-8762	MEMBER ADDED - ACTIVE
09-24-2011	14:40:45	FEAR060	E1MM		MEMBERS VERIFIED
09-24-2011	14:39:49	FEAR060	E1RG	587-95-6632	MEMBER ADDED - ACTIVE
09-24-2011	14:39:49	FEAR060	E1RG		APPLICATION PENDING
09-24-2011	14:39:49	FEAR060	E1RG		REGISTERED SSN

Message: Information Found

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#### ACCESSING THE LIHEAP ACTION (E1AC) SCREEN:

1. Click on the E1AC button at the bottom of most LIHEAP screens.
2. The LIHEAP Action (E1AC) screen will display with the message, "Information Found."

The LIHEAP Action (E1AC) screen displays actions taken on the case during the program year chosen from the FISCAL YEAR (FY) drop down box.

The following information will display on the E1AC screen:

- Date - date of action;
- Time - time action was taken;
- UserID – User ID of the person who did the action. User ID's that start with FEADD or FEABB identify actions taken by the system;
- Transaction – identifies the screen where the action took place. BTCH identifies actions taken by the system, such as generation of the weekly Customer Eligibility Listing (CEL);
- Members SSN – displays the SSN of the individual involved in the action;
- Description – description of the action.



You will not see all actions taken on a case on E1AC. You may contact FSD through supervisory channels for information that is not accessible.

## LIHEAP ELIGIBLE

When the application has been determined eligible, the status on E1RG will display "ELIGIBLE" and include the BENEFIT AMOUNT field. The SUPPLIER NAME and SUPPLIER NUMBER fields will also display. The SUPPLIER NOTIFIED DATE will populate when the Customer Eligibility Listing (CEL) is sent to the supplier after Friday payroll processing.

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**LIHEAP Registration**

**Applicant**  
 SSN: 658998105 DCN: 60078713 Agency: A18 - USCAA County: 048 - JACKSON Last UserID: FEAR002  
 Last: GREEN First: SARA MI: N Date of Birth: 04-13-1980 Gender: F Verified: YES  
 Fiscal Year (FY): 11 Program Type: EA Registration Date: 08-07-2010

**Applicant Information**  
 STATUS: ELIGIBLE Benefit Amount: \$155.00

**Primary Supplier Information**  
 Supplier Name: KANSAS CITY POWER AND LIGHT COMPANY Supplier Number: 152043000  
 Supplier Notified Date: Supplier Response:  
 Process Date:  
 Message: SSN On File - Enter Changes If Necessary.  
 Verify: (Enter YES to Confirm)

Inquiry Save Print Case Notes (No Case Notes Available)

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
 E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP

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The system will automatically generate an Energy Assistance Notification (EA-6) to the applicant advising they are eligible to receive an EA benefit.

## LIHEAP INELIGIBLE

When it is determined that an applicant is not LIHEAP eligible, the application will not be processed for payment. The status on E1RG will display "INELIGIBLE" and will not include the BENEFIT AMOUNT.

If an applicant requests to withdraw their application, we should attempt to secure a written, signed statement of the request and determine the application is ineligible. If a written statement cannot be secured, enter the ineligibility on the 30<sup>th</sup> day.

If an applicant dies while the application is in pending status, the application will be ineligible if a one person household is involved. If a multiple person household is



involved and there is a spouse or other adult (18 or older) member who can assume responsibility as the applicant, have this person initial and date the change on the application form and proceed with processing the application.

### **Energy Assistance (EA) Ineligibility Notification**

The appropriate ineligibility code reason will be updated on the LIHEAP Application (E1AP) screen. The system will automatically generate an Energy Assistance Notification (EA-6) to the applicant advising of the EA denial and of their hearing rights.

If a duplicate application is involved, a local letter must be sent to the applicant since once an individual has been approved for EA, they cannot be approved again within the same program year. The system does not allow entry of the duplicate application. A sample of an Energy Assistance Notice of Denial letter can be found in the Forms Section of this manual.

### **Energy Crisis Intervention Program (ECIP) Ineligibility Notification**

Agencies must notify in writing all applicants who are denied ECIP assistance and advise them of their rights to a fair hearing.

## **FAIR HEARINGS**

All LIHEAP applicants are entitled to request a hearing regarding the decision made on their application for services. Energy Assistance (EA) applicants will be notified of their hearing rights via the Energy Assistance Notification (EA-6). Energy Crisis Intervention Program (ECIP) applicants will be notified of their hearing rights in writing on their approval/denial letter from the agency.

### **Hearing Request**

- Hearings may be requested in person, in writing (including fax), or by telephone.
- Hearings must be requested within thirty (30) calendar days from the date of the EA-6 or the approval/denial letter from the agency.
- Hearings can be requested by the applicant, an authorized representative, friend, relative, or legal representative.
- Hearing requests can only be denied by the Hearing Officer from the Division of Legal Services (DLS).

### **Hearing Process**

When a hearing request is received, the agency will assist the household in completing the Application for State Hearing (IM-87) when assistance is needed.

Within one (1) working day of receiving a hearing request, the agency will e-mail FSD LIHEAP staff requesting a copy of the corresponding EA-6. In turn, FSD LIHEAP staff will contact the Information Technology Services Division (ITSD) via e-mail requesting the corresponding EA-6.

While waiting to receive the EA-6 (via e-mail from FSD LIHEAP staff), the agency will compile (1) original hearing packet and three (3) copies. Each hearing packet must include:

- IM-87 signed by the agency LIHEAP supervisor (original IM-87 to be included in original hearing packet);
- Copy of LIHEAP Case Notes (E1CN) screen which provides a summary of the supporting facts. The summary must include the date of application, date of approval/denial, reason (if denied), and any evidence that will be presented at the hearing;
- Copy of the LIHEAP (EA-1) application (front and back);
- Copy of income verification for all household members;

**NOTE:** Members with an FSEU number only require a copy of the E1ID screen as proof of income.

- LIHEAP Registration (E1RG) screen;
- LIHEAP Application (E1AP) screen;
- LIHEAP Worksheet (E1LW) screen;
- LIHEAP Income Summary (E1IS) screen;
- LIHEAP Member Income Detail (E1ID) screen;
- Energy Assistance Eligibility Notice (EA-6); and
- Any additional LIHEAP screen(s) or documentation that supports the agency's eligibility determination.

Within one (1) working day of receiving the EA-6 from FSD LIHEAP staff, the agency will submit the original hearing packet and two copies to the appropriate FSD Income Maintenance customer service center. (The appropriate customer service center can be located at <http://dss.mo.gov/offices.htm> by selecting the applicant's county of residence from the drop-down list under, "Income Maintenance and Self-Sufficiency Programs", and clicking on the "GO" button.) The agency will retain the third copy of the hearing packet for its file.

FSD Income Maintenance staff will forward the appropriate information to the Division of Legal Services (DLS) Hearings Unit. The DLS Hearings Unit will schedule a hearing and notify all parties in writing as to the date and time of the hearing. The hearing will be conducted by telephone unless the claimant refuses a telephone hearing. If the claimant refuses a telephone hearing, an in-person hearing will be conducted.

A representative from the initiating agency who has first-hand knowledge of the claim should participate in/attend the hearing. If it is not possible for the representative to

participate in/attend the hearing, it is recommended the agency's LIHEAP supervisor participate/attend in his/her place.

### **Hearing Decision**

The DLS Hearings Unit will return a hearing decision to the FSD LIHEAP unit, initiating agency, and applicant. The hearing decision will state whether FSD is "affirmed" or "not affirmed". If affirmed, the initiating agency will enter a case note on the LIHEAP Case Notes (E1CN) screen to this effect and file the hearing decision in the case file. If FSD is not affirmed, the initiating agency must determine what action is required to meet the demands of the hearing decision. The initiating agency will enter a case note on the LIHEAP Case Notes (E1CN) screen explaining what action is taken to comply with the hearing decision and file the hearing decision in the case file. **NOTE:** Subsequent actions taken by the initiating agency when FSD is not affirmed could present the opportunity for the applicant to request another hearing.

The initiating agency must retain the case file for five (5) years after the claim is settled.

### **Hearing Request Withdrawn**

If a LIHEAP applicant, or their representative, originally requested a hearing in writing and subsequently withdraws their request for a hearing before DLS has received a hearing packet, they must do so in writing. Upon receipt of written notice to withdraw a hearing request, the agency will enter a case note on the LIHEAP Case Notes (E1CN) screen.

If a LIHEAP applicant, or their representative, originally requested a hearing in person or via telephone and subsequently withdraws their request for a hearing before DLS has received a hearing packet, they may do so in person or via telephone. Upon receipt of verbal notice to withdraw a hearing request, the agency will enter a case note on the LIHEAP Case Notes (E1CN) screen.

If a LIHEAP applicant, or their representative, withdraws their request for a hearing after DLS has scheduled a hearing, the agency will instruct the applicant or their representative to contact the appropriate FSD Income Maintenance customer service center. The agency will enter a case note on the LIHEAP Case Notes (E1CN) screen.

## **CLAIMS AND RESTITUTION**

The Division of Legal Services' Claims and Restitution Unit operates and manages the Claims Accounting Restitution System (CARS). This system tracks establishment and collection efforts for all claims involving public assistance programs administered by DSS, including the LIHEAP EA program.

The EA component of LIHEAP interfaces with CARS. Once a household is approved for EA benefits, the Social Security Number of all household members listed on the LIHEAP Member (E1MM) screen are checked against CARS to determine if there is an outstanding EA claim against his/her Social Security Number. If a CARS claim is outstanding, the amount of the claim will display on the LIHEAP Worksheet (E1LW) screen. If the application is determined eligible for EA, the calculated EA benefit will be reduced by the amount of the claim.

For example, LIHEAP Worksheet (E1LW) screen shown below, displays an EA benefit that has been adjusted due to an outstanding CARS claim. If the CARS amount is equal to or greater than the EA benefit, the "EA Benefits" field will display \$0.00 and: 1) a direct payment will not be generated to the applicant; or 2) the applicant's name will not appear on the Customer Eligibility List (CEL) sent to the supplier. If the CARS amount is less than the EA benefit, the difference between the two will be: 1) sent to the applicant as a direct payment; or 2) will appear on the CEL sent to the supplier.

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**E1LW**

### LIHEAP Worksheet

Applicant  
SSN:  DCN:  Agency: A01-CMCA County: 026-COLE Last UserId: N/A

Last:  Fiscal Year (FY): 12 Program Type: EA

Applicant Name  
First: MARY MI: A Verified: No

**Income Calculation (Hide) (Show)**

Application Date: 09-01-2011  
Gross Unearned Income: 728.00  
Gross Earned Income: 0.00  
Earned Income Adjustment: x.80  
Income Subtotal: 728.00  
Elderly / Disabled Deduction: 0.00  
Child Support Paid Deduction: 0.00  
SMI Deduction: 0.00  
Medicare Part 'D' Deduction: 0.00  
Total Net Income: 728.00

Category: B Resources: 0 CARS Amount: 215.00 EA Benefits: 25.00

**Primary Supplier Information (Hide) (Show)**

**Secondary Supplier Information (Hide) (Show)**

**Renter Information (Hide) (Show)**

**ECIP Benefits (Hide) (Show)**

**Other Payment Amounts (Hide) (Show)**

Verify:  (Enter "YES" to Confirm)

Message: Applicant Eligible For Processing.If Ready To Process Case, Enter YES In The Verify Box and Click On The SAVE Button.

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1R E1UP

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### CARS Claim for EA Benefits

When an agency determines a household has received EA benefits in excess of the amount the household was eligible to receive, the agency will initiate a CARS claim against the household to recover the overpayment. The overpayment threshold to initiate

a CARS claim is \$70 or greater. A CARS claim will not be filed for an overpayment less than \$70.

To initiate a CARS claim, the agency will compile an original CARS claim packet and one copy. Each packet should include:

- Energy Assistance Claims and Restitution (EA-8) form (original to be included in original CARS claim packet);
- Copy of the household's LIHEAP application (EA-1)(front and back); and
- Documentation supporting the overpayment.

The agency will submit the original CARS claim packet to the FSD LIHEAP Unit and maintain the copy for its files.

Upon receipt of the original CARS claim packet, FSD LIHEAP staff will review the packet and determine if a CARS claim is the appropriate action. If it is determined that a CARS claim is not the appropriate action, FSD LIHEAP staff will enter a case note on the LIHEAP Case Notes (E1CN) screen explaining what information was received and reviewed and the reason a CARS claim is not the appropriate action. FSD LIHEAP staff will notify the initiating agency via e-mail that a CARS claim is not the appropriate action. The CARS claim will be considered closed.

If it is determined a CARS claim is the appropriate action, FSD LIHEAP staff will make the appropriate updates to the case in the EA system so the overpayment is correctly displayed on the LIHEAP Worksheet (E1LW) screen (when applicable). FSD LIHEAP staff will enter a case note on the LIHEAP Case Notes (E1CN) screen explaining what information was received and reviewed, the reason a CARS claim is appropriate, the amount of the CARS claim, and the date the following documents are mailed to the applicant:

- Energy Assistance Overpayment Notification;
- Agreement for Repayment; and
- Request for Hearing.

The applicant has thirty (30) calendar days to make payment in full, enter into a repayment agreement, or request a hearing. After thirty (30) calendar days, if the applicant has not responded, FSD LIHEAP staff will enter a claim in the Claims Accounting Restitution System (CARS).

If the applicant responds requesting a hearing, FSD LIHEAP staff will compile an original hearing packet and forward to the DLS Hearings Unit with a copy of the hearing packet to the appropriate FSD-Income Maintenance customer service center, the applicant and the initiating agency. The DLS Hearings Unit will schedule a hearing and notify all parties in writing as to the date and time of the hearing. The hearing will be conducted by telephone unless the claimant refuses a telephone hearing. If the claimant refuses a telephone hearing, an in-person hearing will be conducted.

A representative from the initiating agency who has first-hand knowledge of the claim should participate in/attend the hearing. If it is not possible for the representative to participate in/attend the hearing, it is recommended the agency's LIHEAP supervisor participate/attend in his/her place.

The DLS Hearings Unit will return a hearing decision to the FSD LIHEAP unit, initiating agency, and applicant. The hearing decision will state whether FSD is "affirmed" or "not affirmed". If affirmed, the initiating agency will enter a case note on the LIHEAP Case Notes (E1CN) screen to this effect and file the hearing decision in the case file. If FSD is not affirmed, the initiating agency must determine what action is required to meet the demands of the hearing decision. The initiating agency will enter a case note on the LIHEAP Case Notes (E1CN) screen explaining what action is taken to comply with the hearing decision and file the hearing decision in the case file. **NOTE:** Subsequent actions taken by the initiating agency when FSD is not affirmed could present the opportunity for the applicant to request another hearing.

The initiating agency must retain the case file for five (5) years after the claim is settled.

### **Claims for ECIP Benefits**

The agency will implement procedures for recovering ECIP benefits paid to a household when a household has received benefits it was not entitled to receive. Claims and Restitution should be pursued any time the agency determines a household has received ECIP benefits in excess of the amount the household was eligible to receive. The agency will initiate a claim against the household to recover the overpayment. Agencies can enter into a repayment agreement with the household that received excess benefits, or pursue additional collection activity against the household to recoup the overpayment. Applicants must be given an option to request a hearing. If a hearing is requested agencies will follow the fair hearing policy outlined in the LIHEAP Policy and Procedures Manual. The overpayment threshold to initiate a claim is \$70 or greater. A claim will not be filed for an overpayment less than \$70.

Utilizing other utility assistance funds to replace pledges may put agencies at risk with these other funders if their qualifications are based on LIHEAP eligibility. Pledges cannot be withdrawn from utility companies and then notification sent to the applicant they are now responsible for paying the utility company.

### **Reporting Department of Social Services Fraud to Other Programs**

When it is determined that fraud has occurred, it may be necessary to report this to other public assistance programs, such as Food Stamps or Temporary Assistance for Needy Families (TANF), within the Department of Social Services (DSS). The DSS web site for reporting fraud can be accessed at <http://dss.mo.gov/dls/pa fraud.htm> or by calling 877-770-8055. This website provides an email address the suspected fraud can be reported to as well as a link to the DLS Investigations Office Location Information. Select the drop down box, choose the county to determine which office is responsible for that particular county and click on "Go". You will be taken to a screen which provides that offices contact information.

## CASE FILE TRANSFERS

When it becomes known that a household has moved or resides in another agency's service area, the agency will initiate procedures to transfer the complete case file to the agency that services that area.

Register the application using the county code number (reference Appendix C) for the county in which the applicant resides.

Once the application has been registered and processed, and you have changed the county code number/address on the E1RG screen to the new county of residence, mail the complete case file first class to the new agency in which the client resides.

**NOTE:** A case note should be made on the LIHEAP Case Note (E1CN) screen prior to the case transfer to document this transfer.

## LIHEAP ELIGIBILITY FOR ECIP ONLY CASES

A new LIHEAP application is required for the ECIP component in the following situations:

- Applicant did not apply for EA and the EA program is closed.
- Applicant was denied EA in the current program year and applies for ECIP during the summer.
- Applicant was previously approved for EA or ECIP in the current program year and is now applying for additional crisis assistance at a different address or declaring a different supplier but the same energy source that was previously approved.

In the above situations, a new LIHEAP application (EA-1) must be filled out by the applicant. All eligibility factors must be documented.

**NOTE:** The applicant may declare a different supplier for the summer cooling program. An example would be when the household uses electric for the summer cooling source and uses tank propane for the winter primary heat source. In this situation, a new LIHEAP application (EA-1) may not be required. The application would be processed based on the crisis with the secondary energy source from the original LIHEAP application.

## Winter and Summer ECIP only Program Type

To determine LIHEAP eligibility for Winter or Summer ECIP only applications you will use the LIHEAP EA system and select the appropriate program type for the applications you are working.



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**LIHEAP Registration**

Applicant  
SSN:

Fiscal Year (FY): 12

Program Type: EA

EA  
Winter ECIP  
Summer ECIP  
Supplemental

Message: Enter SSN

Inquiry Print

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP

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The data entry to process these applications will be the same as for an Energy Assistance program type included in the Application section of this manual.

You will need to verify the LIHEAP Worksheet (E1LW) screen to determine eligibility. The data entry process will be the same as for an Energy Assistance program type included in the Determination section. Please note the E1LW screen will not display an EA benefit amount it will only display Eligible field Yes or No. Payments for ECIP are processed in agencies MIS and fiscal systems.

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E1LW

## LIHEAP Worksheet

Applicant: SSN: 149999999 DCN: 64065103 Agency: A01-CMCA County: 026-COLE Last UserId: JONEKOZ  
 Last: RONIN Applicant Name First: MARVIN MI: L Verified: Yes  
 Fiscal Year (FY): 11 Program Type: Winter ECIP

---

**Income Calculation** (Hide) (Show)  
 Application Date: 05-01-2011  
 Gross Unearned Income: 400.00  
 Gross Earned Income: 0.00  
 Earned Income Adjustment: x.80  
 Income Subtotal: 400.00  
 Elderly / Disabled Deduction: 0.00  
 Child Support Paid Deduction: 0.00  
 SMI Deduction: 0.00  
 Medicare Part 'D' Deduction: 0.00  
 Total Net Income: 400.00

E1IS(Income Summary)

Category: B Resources: 0 Eligible: Yes

---

**Primary Supplier Information** (Hide) (Show)

---

**Secondary Supplier Information** (Hide) (Show)

---

**Renter Information** (Hide) (Show)

---

**ECIP Benefits** (Hide) (Show)

---

**Other Payment Amounts** (Hide) (Show)

---

Verify: ☐ (Enter "YES" to Confirm)  
 Message: Worksheet Has Been Verified

---

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1HR E1IR E1UP

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## SUMMARY

After documenting a household's income/resources and a determination is made as to the household being a Category A, Category B or Category C case, the LIHEAP EA System will determine if the applicant is eligible for LIHEAP.

The system will then produce the Energy Assistance Notification (EA-6) form. For ineligible households, this form will indicate the reason they are not eligible and that they can reapply for service and or request a hearing. For ECIP cases, you will need to generate a letter and include this information. For eligible households, the next step in the process is issuing a payment which is included in the next section of the manual.

## PAYMENT

### INTRODUCTION

Low Income Home Energy Assistance Program (LIHEAP) Energy Assistance (EA) payments will be made to either a participating home energy supplier or directly to the household in a one time lump sum payment. Home energy supplier shall be defined as a public or private business engaged in the retail sale of home heating fuel and includes the following:

- Public or private investor owned utilities
- Municipally owned utilities
- Rural electric cooperatives
- Privately owned distributorships

Participating home energy suppliers sign a yearly contract with the State of Missouri, Family Support Division (FSD) and are identified on the LIHEAP Supplier Detail (E1SD) screen and Participating Home Energy Supplier Master List (FEARR500-01) which is made available to all agency staff at the start of each program year. The LIHEAP Supplier Name Search (E1SS) screen displays supplier information by entering in the supplier name.

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**E1SS**

### LIHEAP - Supplier Name Search

Search Key \*Denotes Required Field  
\*Supplier Name Location (City)

Message: Enter Supplier Name

Inquiry

E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE  
E1UD E1UP E1UR E1US E1UA  
E1CD E1RG E1AC

User ID: (MCKEORJ) Program: (FEAL165 version=001) Monday, August 29, 2011 12:44:54 PM

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**ACCESSING THE LIHEAP SUPPLIER NAME SEARCH (E1SS) SCREEN:**

1. Type the supplier name in the SUPPLIER NAME field. **NOTE:** You may enter a partial name.
2. Click on INQUIRY button.
3. The E1SS screen will display the message, "Record Found" for the supplier entered.

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**E1SS**

### LIHEAP - Supplier Name Search

Search Key \*Supplier Name Location (City)

AMEREN

Supplier # Name / City Phone Fax Fuel Types Email

Details 150054000 AMEREN MISSOURI  
FTP ST LOUIS

Message: Record Found.

Inquiry

E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE  
E1UD E1UP E1UR E1US E1UA  
E1CD E1RG E1AC

User ID: (MCKEORJ) Program: (FEA1155 version=001) Monday, August 29, 2011 12:48:46 PM

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**ACCESSING THE LIHEAP SUPPLIER DETAIL (E1SD) SCREEN FROM E1SS:**

1. Click on DETAIL button next to SUPPLIER # field.
2. The E1SD screen will display the message, "Supplier Number Found".

The E1SD screen is an inquiry screen only for agencies and can only be updated by FSD LIHEAP staff.

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E1SD

### LIHEAP Supplier Detail

Supplier Number:  
Primary: 150054 Sub: 000 Media Type: F-FTP Payment Method: Direct Deposit

Supplier Name: AMEREN MISSOURI  
Address Line 1: 1901 CHOUTEAU AVE  
Address Line 2: P O BOX 66881 MC 310  
City: ST LOUIS  
State: MO  
Zip: 63166  
Supplier Phone:   
Fax:   
Email:   
Fuel Types:  
Natural Gas ☒ Propane Gas ☐ Electric ☒ Fuel Oil ☐  
Start Date: 06-01-2008  
End Date:   
Contact Name:   
New Contract: ☐  
Contract Updated: 11-02-2009  
UserID:   
Message: Supplier Number Found. Enter Update.  
Inquiry Save

The E1SD screen will display the supplier name, address, phone number, fax number, email contact, fuel type and contact name. The START DATE field indicates when the supplier was added as a participating supplier to the system. **NOTE:** If the supplier is no longer an active participating supplier the END DATE field will be populated.

Energy Crisis Intervention Program (ECIP) payments are made only to suppliers who have contracted with an agency to resolve the crisis situation. The maximum benefit amounts for ECIP are \$800 for the winter component and \$300 for the summer component.

**NOTE:** If a home energy supplier has a current Home Energy Supplier Agreement with FSD, no additional ECIP agreement with the agency is required.

The agency contracts or written agreements with home energy suppliers, who do not have a current LIHEAP agreement with the Family Support Division (FSD), will stipulate the following minimum conditions for receipt of ECIP funds:

- The supplier will not discriminate against ECIP customers with regard to:
  - The price they are charged for fuel in comparison to other customers of the supplier;
  - The conditions for delivery of fuel, provided the agency has made a commitment to pay for the delivery; and
  - The assessment of late payment charges for the time period after the agency has made a commitment and the payment is made to the energy

supplier, provided the time period does not exceed twenty (20) calendar days.

- The supplier will only charge the ECIP customer the difference between the cost of home energy they purchase and the amount of payment made by the agency and/or FSD.
- The supplier will credit payments made by the agency to an ECIP household's account within five (5) working days after the payment is received.
- Suppliers subject to regulation by the Missouri Public Service Commission (MPSC) will comply with all rules, regulations, policies and procedures issued by this entity that relate to the provision of home energy services to their low income customers.
- Suppliers will not apply ECIP funds to deposit fees or any other charges not incurred as the direct result of home energy consumed by the eligible ECIP customer. This includes tank (pressure) tests, reconnect fees, deposits, off-route delivery fees, tank pick-up/removal fees, and diversion fees.

## **PAYMENT DETERMINATION**

### **EA Payment Determination**

EA payments are determined by household size, income and home energy heat source. In renter situations, the annual rent amount is also used to determine the payment level.

To determine the EA payment amount, you can reference the Income Ranges and Benefit Amounts found in Appendix E. You can also access this information in the EA System by clicking on the LIHEAP Income Ranges and Benefit Amounts (E1IR) screen link. This table identifies the income ranges based on household size and the payment amount for each home energy heat source.

### **Renter Household Payment**

If a household meets the definition of a renter household, it will receive a one time direct cash payment equal to 8% of their annual rent not to exceed the maximum EA benefit payment for their particular home energy heat source and household size which is displayed on the Income Ranges and Benefit Amounts (E1IR) screen or in Appendix E.

The estimated rental energy expense will display on the LIHEAP Worksheet (E1LW) screen if the LIHEAP Member (E1MM) screen indicated it was a renter household and the LIHEAP Application (E1AP) screen has the monthly rent amount completed. This expense is calculated by the system multiplying the amount of the regular monthly rental charge by 12. The annual rent amount is then multiplied by 8% to determine the estimated rental energy expense. If this estimated expense is less than the EA benefit amount, this is the amount that will be paid. If, however, this estimated expense is greater than the EA benefit amount, the EA benefit amount will be paid.

**NOTE:** Renter applicants are eligible to receive EA benefits; however, they are not eligible to receive ECIP benefits.



To determine if a household meets the definition of a renter household, reference LANDLORD/RENTER APPLICANTS in the Application section of the manual.

### **ECIP Payment Determination**

ECIP payment determination is based on the amount it will take to get the household out of crisis. **NOTE:** This does not include reconnect fees, deposits, tank (pressure) tests, off-route delivery fees, tank pick-up/removal fees or diversion fees.

### **Winter EA and ECIP**

Once it is determined that all eligibility factors have been met, the following procedures will apply in negotiating payment for continuation of service or service restoration.

**NOTE:** Pledges must not be made until eligibility has been determined.

**NOTE:** Prior to negotiating with the supplier, it must be determined if there is an active EA claim for restitution. This information displays on the LIHEAP Worksheet (E1LW) screen, Claims and Restitution (CARS) field. If there is an active EA claim for restitution against the applicant or spouse, the amount owed the state will be deducted from any benefit amount to be received. No EA benefit will be paid if the CARS amount exceeds the EA benefit. If the household is eligible for ECIP, these funds should be negotiated with the supplier using the CARS information from the LIHEAP Worksheet (E1LW) screen. The agency should inform the supplier of the correct EA payment amount in order to properly negotiate any payments.

### **Participating Home Energy Supplier**

You may have to negotiate with the primary heat source supplier using both EA and ECIP funds in addition to negotiating with a secondary supplier using ECIP funds if that source is also in crisis. The \$800 maximum payment amount will still apply in this situation. You will negotiate with the supplier to continue or restore service for at least thirty (30) days based on the EA component payment and take the following steps:

- If the supplier agrees to continue/restore service for at least thirty (30) days in return for the EA payment, the application will be processed for payment.
- If the supplier will not agree to continue/restore service for at least thirty (30) days for the EA component, the agency will determine if a combination of EA/ECIP funds will be enough to continue/restore service for the household. If a combination of EA/ECIP funds is accepted by the supplier, you will pledge the ECIP amount and the application will be processed for payment. The EA payment will be processed by the State of Missouri.
- If the supplier will not agree to continue/restore service for at least thirty (30) days with a combination of EA/ECIP funds, the applicant must be contacted to determine if they have an alternate heat supplier. The alternate supplier must be documented. If so, and the alternate heat source is not in crisis, the application will be approved for the alternate supplier for the EA payment. If the alternate



heat source is in crisis, the worker will pledge the ECIP amount to resolve the crisis to the alternate heat source vendor.

- In many cases where EA/ECIP funds are not sufficient to continue/restore service for at least thirty (30) days, there is no possible alternate supplier. The applicant will be notified that they are responsible for paying whatever additional amount would resolve their energy crisis and any LIHEAP EA/ECIP pledges would be delayed until the applicant payment has been made.

**NOTE:** ECIP pledge amounts must not exceed what is needed to resolve the crisis, up to the maximum payment amount (\$800). Payments will be rounded up to the nearest dollar amount.

- After the initial LIHEAP payment you may also have additional ECIP applications that you will need to negotiate and make a pledge on to have a secondary energy source continued/restored.

### **Non-Participating Home Energy Supplier/Direct Applicant Payments:**

For non-participating home energy suppliers when the EA component of the application is approved, a direct payment will be sent to the applicant to make payment on their primary heat source. The applicant will be responsible for making this payment and negotiating directly with their supplier to resolve their energy crisis situation. You will also explore the need for additional crisis assistance. If the need for ECIP funds is established, a contractual agreement with the supplier will be completed for acceptance of the ECIP payment. **NOTE:** ECIP does not make direct applicant payments.

### **Summer ECIP Only**

Summer ECIP payments will be pledged and issued to suppliers that have a contractual agreement with an agency on behalf of all eligible households beginning June 1 and ending September 30, unless funds are exhausted prior to that date. The maximum payment amount will be \$300. When negotiating with the supplier, only the amount needed to resolve the energy crisis will be paid.

### **EA PAYMENT PROCESS**

Energy Assistance (EA) payments are made to home energy suppliers that have a contract with the State of Missouri FSD or to the applicant directly. The payment process is different depending on who is to be paid. Payment information is recorded on the LIHEAP Payment Information (E1PY) screen. Payment information can also be located on the LIHEAP Registration (E1RG) screen which displays the supplier response, supplier number and supplier name.

**NOTE:** Previous program years may be accessed by selecting the Fiscal Year (FY) drop down box on the LIHEAP Payment Information (E1PY) screen and selecting the desired year. Previous payment information can also be located on the LIHEAP Registration (E1RG) screen.

**NOTE:** If the agency is contacted by an applicant regarding a change in supplier, the agency may change the supplier if the Customer Eligibility Listing (CEL) has not been

generated. If the CEL has been generated and sent to the supplier for a response, or the supplier has accepted payment the supplier cannot be changed. Once the payment is received by the supplier, the agency may contact FSD LIHEAP staff regarding a change to the applicant's account and if changes may be made, the agency will be instructed to provide verification of the new supplier.

## **Home Energy Supplier Payment Procedures**

The Home Energy Supplier Payment Process starts with the Customer Eligibility Listing (CEL) (FEABB410-01) report. The supplier's response to this report determines the next step in the process. If the supplier accepts the payment, the payment will be processed to the supplier. If the supplier rejects the payment, the case will show on the Supplier Denial Responses Report (FEABB460-1) – generated to the agency. A direct payment to the applicant may result from a supplier not submitting responses by the fifteen (15) calendar day deadline. A direct payment may also be issued to the applicant if the supplier does not participate in the EA program.

## **Supplier Response**

A computer generated Customer Eligibility Listing (CEL) report is produced and made available to each participating home energy supplier on a weekly basis. Home energy suppliers must complete the CEL on behalf of each identified customer. Home energy suppliers can enter only one of the appropriate energy supplier response codes listed below:

- Y or N (Yes or No) – This response indicates whether the supplier will accept the state's payment on behalf of a particular customer.
- 1-Commercial Account – This response indicates an account identified by the home energy supplier via rate structure or other means as generally being utilized by a commercial business and is not a residential heating account.
- 2-Non-Heating Account – This response indicates the account is not the customer's home energy heat source.
- 3-Inactive Account – This response indicates the identified account is not active with the home energy supplier.
- 4-Not Our Customer – This response indicates the home energy supplier is unable to identify the account holder as being a customer of their company.
- 5-Invalid Account Number – This response indicates the account number sent to the supplier does not match the supplier's data base for customer.
- 6-Needs Additional Payment – This response indicates the account needs additional funds to restore and continue services.
- 7-Negative Customer Response – This response indicates the customer failed to call and make an appointment to restore services.

## Supplier Approval

If the home energy supplier responds with a “Y” and accepts the payment, they will receive a one time “line of credit” or “lump sum” payment on behalf of each household for whom they agree to accept payment. Services must be maintained or restored for at least thirty (30) days in order to accept the EA/ECIP payment. Home energy suppliers can apply the payment against any outstanding bills owed by the applicant, provided the account holder is an active customer. **NOTE:** This does not include reconnect fees, deposits, tank (pressure) tests, off-route delivery fees tank pick-up/removal fees or diversion fees.

## Direct Payment to Applicant

If the home energy supplier responds to the Customer Eligibility Listing (CEL) with “N” and does not accept the payment or fails to return the CEL within the required fifteen (15) calendar days, a direct payment will be generated to the applicant.

## Supplier Denial

If the home energy supplier responds that an account holder has a Commercial Account, Non-Heating Account, Inactive Account, Not Our Customer, Invalid Account Number, Needs Additional Payment or Negative Customer Response, a payment will not be generated to the supplier or applicant. The computer will automatically deny these supplier responses with a “K” denial code. The denial information can be identified on the E1RG/E1PY screens. This response will generate the Supplier Denial Responses Report (FEABB460-01), which will be sent to the agency on Monday of each week. It is the responsibility of agency staff to verify the information in the system and enter any necessary corrections.

If the agency receives a denial back from a home energy supplier and the only information that needs to be changed is the supplier, energy source or customer account number, the agency worker will use the LIHEAP Reset Denied Status (E1RD) screen to change this information.

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**E1RD**

## LIHEAP - Reset Denied Status

Applicant  
SSN:

Fiscal Year (FY):  Program Type:

Message: Enter SSN

Inquiry

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP

S024 SCLR S019

User ID: JONEK02 Program (FEAU166 version=001) Friday, September 14, 2012 4:00:07 PM

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### ACCESSING THE LIHEAP RESET DENIED STATUS (E1RD) SCREEN:

1. Type the applicant's SSN in the APPLICANT SSN field.
2. Click on INQUIRY button.
3. The E1RD screen will display the message, "Information Found" for a case that has been denied by the supplier.

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### LIHEAP - Reset Denied Status

Applicant SSN:      DCN:      Agency:      County:

**Applicant Information**

Applicant Name:      First:      MI:      Date of Birth:      Gender: F  
Last:      MI:      Date of Birth:      Gender: F

Fiscal Year (FY): 11      Program Type: EA      Registration Date: 03-25-2011      STATUS: DENIED

Supplier Number: 120016000      Supplier Name: LACLEDE GAS COMPANY

Energy Source: Natural Gas

Customer Account Number:

Message: Information Found

Verify:  (Enter YES to Confirm Status Reset)

#### RESETTING DENIED STATUS ON E1RD SCREEN:

1. Type the correct supplier number in the SUPPLIER NUMBER field, correct energy source in the ENERGY SOURCE field or correct account number in the CUSTOMER ACCOUNT NUMBER field.
2. Type "YES" in VERIFY field.
3. Click on RESET STATUS button. The message, "Status Reset" will display. The status will now display, "Eligible".

Resetting the denial status on E1RD will change the benefit amount if the fuel source is changed. **NOTE:** The same income information from the original eligibility will be used in determining this benefit amount.

#### Supplier Payment Reports

Supplier payment reports are produced weekly and sent to the home energy supplier. These reports reflect payment information including approvals and denials made on behalf of the customer.

#### Direct Applicant Payments

Direct payments to the applicant will be made only under the following conditions:

- Non-participating home energy supplier – The supplier has not signed a contract with the State of Missouri to participate in LIHEAP.
- Cylinder propane is used as the home energy heat source.

- Supplier response is “No” on CEL or the supplier failed to respond by deadline.
- Kerosene is used as the home energy heat source.
- Landlord situation – Applicant pays a landlord for the home energy heat cost that is not included in their rental payment.
- Wood/wood pellets/corn pellets are used as the home energy heat source.
- Renter situation – Applicant’s home energy heat cost is included as an undesignated portion of their regular monthly rental charge.

### **Direct Applicant Payment Procedures**

Direct payments to the applicant will be generated by assigning a unique supplier number. Checks will be printed on the first payroll date that occurs after the application is updated to the LIHEAP EA system's master file. Listed below are the unique numbers assigned to direct applicant payments:

- Non-Participating Home Energy Supplier – 000000000
- Cylinder Propane – 222222222
- Supplier Response is “No”/Failure to Respond – 555555555 **NOTE:** This number will be assigned automatically
- Kerosene – 666666666
- Landlord Situation – 777777777
- Wood/Wood Pellets/Corn Pellets – 888888888
- Renter Situation – 999999999

### **Payroll Dates**

Checks will be produced beginning the first Saturday after the program start date and will be mailed on the following Friday unless there is a holiday. The State is required to hold all checks five (5) working days; therefore, checks will be mailed the following Monday in the event of a holiday. Suppliers participating in the Automated Clearing House (ACH) or Direct Deposit payment process will receive EA funds each payroll Friday. In the event of a holiday, the funds will be deposited the following Monday. If Monday is also a holiday, the funds will be deposited on Tuesday of the same week.

### **LIHEAP Payment Information (E1PY) Screen**

E1PY is a payment inquiry screen. To access the E1PY screen you will need to follow the instructions included in the introduction of this manual SIGNING ONTO EA SYSTEM. After signing onto the EA system you will need to access the E1PY screen. Click on the button at the bottom of the page to carry over the applicant SSN or click on the link to display a blank E1PY screen.

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**LIHEAP - Payment Information**

Applicant SSN:

Fiscal Year (FY):  Program Type:

Message: Enter SSN

E1RG E1CN E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SN E1NS E1NA E1MR E1DR E1FM E1UA E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD

E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP

S024 SCLR S019

User ID: JONEKOZ Program (FEA123 version=001) Friday, September 14, 2012 4:03:42 PM


mo.gov | Privacy Policy | Accessibility | Governor Jay Nixon | State Agencies | Online Services

#### DISPLAYING INFORMATION ON E1PY SCREEN:

1. Type the applicant's Social Security Number in the SSN field.
2. The Fiscal Year (FY) defaults to the current year. Select the Fiscal Year (FY) if a year other than the current year is needed.
3. Click on INQUIRY Button.
4. A message will display, "Information Found".



E1PY



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## LIHEAP - Payment Information

---

Applicant SSN:

DCN:

Agency: A04-EMAA

County: 094-ST. FRANCOIS

Applicant Name:  
Last: ADAMS

First:

MI:

Fiscal Year (FY): 11

Program Type: EA

---

Household Information: (Hide) (Show)

SSN	DCN	Name (Last, First, MI)	Gender	Birth Date	Disabled	Relationship
[01]		ADAMS	F	12-01-1971	Yes	Applicant
[02]		ADAMS	F	06-06-1997	No	Member

Address 1: PATTERSON

Address 2:

City: FARMINGTON      State: MO      Zip: 63640

Register Date: 12-06-2010

Date Stamp: 12-06-2010

Ineligibility Reason:

Case Category: A

Total Net Income: \$134.00

CARS Recoupment: \$0.00

Landlord/Renter: NO

---

Primary Supplier Information: (Hide) (Show)

Supplier Name: CITY OF FARMINGTON LIGHT AND WATER  
 DEPT  
 Customer Name: ADAMS  
 Energy Source: ELECTRIC  
 Notify Date: 12-10-2010

Supplier Number: 121204000  
 Account Number:  
 Service: THREATENED  
 Response: Y

---

Payment Information:

Paid To	Amount	Program Type	Process Date	Check Date	Check Number	Debit/Credit	Reason
121204000	\$212.00	EA	01-01-2011	01-07-2011	L 00160847		

Message: Information Found

Inquiry

E1RG
E1CN
E1MM
E1AP
E1LW
E1WH
E1AC
E1PY
E1RD
E1ES
E1SN
E1NS
E1NA
E1MR
E1DR
E1FM
E1UA
E1CD

E1RG E1MM E1AP E1LW E1WH E1AC E1PY E1RD E1ES E1SI E1SN E1NS E1NA E1MR E1DR E1FM E1SS E1SD  
 E1CN E1UA E1CD E1PN E1ST E1CA E1CO E1CM E1IR E1UP  
 S024 SCLR S019

The E1PY screen will display payment data associated with the applicant's Social Security Number as well as the initial eligibility data used to determine the payment level. It will default to the current fiscal year; however, previous years may be selected from the drop down box.

The fields in the Primary Supplier Box are defined as:

- Supplier Name - This field displays the applicant's current primary supplier.
- Supplier Number - This field indicates which supplier was sent the Customer Eligibility Listing (CEL).

- Customer Name - This field displays the account name listed with the supplier. The customer account name may differ from the applicant name, such as: William Smith may be the applicant's full name, but the supplier may know the customer as "Bill Smith".
- Account Number - This field indicates the number used by the supplier for the purpose of tracking customer payments.
- Energy Source - This field displays the primary heat source for the customer.
- Service - This field displays information regarding status of the primary heat source: Not in Crisis, is in Threat of Disconnect or has been Terminated.
- Notify Date - This field indicates when the CEL was mailed or made available, via the internet, to the home energy supplier.
- Response - This field will reflect the supplier response on the CEL. If response is "5 CARS RECOUP", this indicates that an outstanding EA claim balance exceeded the current year's benefit amount.

The fields in the Payment Information box are defined as:

- Paid To - This field indicates who the payment was issued to, either a supplier or directly to the applicant.
- Amount - This field indicates the benefit amount the household was approved to receive.
- Program Type - This field displays the type of Energy Assistance benefit (EA, ECIP or Supplemental).
- Process Date - This entry reflects the payment process date or date payment was processed in the EA system.
- Check Date - This date indicates the date of the check and the date it will be mailed to the supplier or account holder.
- Check Number - If the check number is preceded by the letter "Z", this indicates a direct deposit was made to the supplier. If the check number is preceded by the letter "L", this indicates a paper check.
- Debit/Credit/Refund - This field reflects a Debit (DB), Credit (CR) or Refund (RF) of the Energy Assistance payment.
- Reason - This column reflects the reason for the Debit, Credit or Refund.

## Credits, Debits and Refunds

There are certain situations where an agency may determine a credit or debit needs issued for an applicant or supplier. If a data entry error is made by the agency or due to applicant error after a payment is processed, only FSD LIHEAP staff can make updates to household composition, fuel source, income, and incorrect supplier. These changes will be based on the EA benefit amount the household was determined eligible for at the time of approval.

**NOTE:** The agency will need to contact FSD LIHEAP staff via email with the requested changes. Verification of supplier, fuel source, customer account number and reason for the credit or debit must be included. FSD LIHEAP staff will correct the information in the system, verify the benefit amount and then process the credit or debit. Credits and debits may only be processed by FSD LIHEAP staff for data entry errors. Updates will not be processed when an applicant changes their fuel source or supplier after a payment has been made to the initial supplier.

Example 1: Ms. Smith is approved for EA payment for tank propane. Ms. Smith reports moving two weeks later and her primary fuel type is now electric. Her propane has not been delivered. The propane supplier refunds the payment, and Ms. Smith is sent a check for her original benefit amount, as her original benefit level was determined correctly based on the household circumstances at time of approval.

Example 2: Ms. Jones is approved for EA, incorrectly supplied information stating her primary heating fuel source was electric. The electric supplier accepted the payments. Ms. Jones notices her error and reports this to the agency. The agency confirms the information, sends an e-mail to FSD LIHEAP staff with the requested changes, and the FSD LIHEAP staff processes the appropriate credits and/or debits.

### Credit

A credit occurs when the applicant receives an underpayment in Energy Assistance benefits. The underpaid amount must be added (credit) to the applicant's account. Applicants with a non-participating supplier will receive a paper check for the underpayment.

### Credit Codes

- 0-Supplier Changed
- 1-Updated Eligibility/Benefit Adjustment
- 2-New Supplier/Honoring Pledge
- 3-System Generated to Direct Pay
- 4-Supplemental Payment
- 5-Supplier Other
- 6-135 Benefit Increase
- 7-Worksheet Error
- 8-System Error Write-Off
- 9-Correct Mailing Address Updated

### Debits and Refunds

A debit occurs when an applicant receives an overpayment in Energy Assistance benefits. The overpaid amount must be subtracted (debit) from the applicant's account. Applicants with a non-participating supplier will have a CARS claim entered in the system in order to recover the over payment if the amount is over \$70.00.

A refund occurs when a supplier receives a payment and refunds the payment to the FSD LIHEAP.

### Debit and Refund Codes

- A. Customer Moved
- B. Heat Source Error
- C. Actual Usage
- D. Supplier Changed
- E. Supplier Other Reasons
- F. Failed to Negotiate Turn On
- G. Account Closed or Inactive
- H. Client Incarcerated
- I. Address Unknown
- J. Moved Out-of-State
- K. Deceased
- L. Ineligible
- M. Other
- N. Updated Eligibility/Benefit Adjustment
- O. Worksheet Error
- P. Non-Heat Account
- V. Collection on Debits
- Y. Duplicate Payment
- Z. Actual Usage Credit Balance

### Returned Energy Assistance Checks

If the Energy Assistance (EA) check is returned to the FSD LIHEAP as "Undeliverable", FSD LIHEAP staff will attempt to secure a new mailing address. **NOTE:** If the EA check is returned due to the applicant moving into a nursing home, residential center, shelter, moved out-of-state or is incarcerated, the check will not be re-mailed to the applicant.

(Reference Ineligible Individuals/Ineligible Households located in the Application section)

If FSD LIHEAP staff locates a new address, the check will be sent to that address. Below are some common reasons EA checks are returned:

- Postmaster has labeled "Undeliverable"
- Postmaster has labeled "No Mailbox at this Address"
- Moved out-of-state
- Applicant has a PO Box and the physical address is not the mailing address
- Address does not have Lot Number, Apartment Number, or Box Number listed
- Address does not have correct label of E, W, N, S (East, West, North, or South)
- Address does not have correct label of ST, LN, AVE, CR, RD, RR (Street, Lane, Avenue, County Road, Road, or Rural Route)

If FSD LIHEAP staff cannot establish a new address, the agency will be notified to contact the household in order to determine the correct address. The agency must enter the new address on the LIHEAP Application (E1AP) screen. Failure to enter the correct

address on E1AP will result in the address not being updated in the system. **NOTE:** The agency should contact the FSD LIHEAP by phone or email once the address has been updated on the E1AP screen so the check may be re-issued.

### **Cancelled Energy Assistance Checks**

If the agency is unable to establish a new address, FSD LIHEAP staff will cancel the check and issue a refund to the applicant's account. If the applicant reapplies, the amount credited to the account may be used again. **NOTE:** The FSD LIHEAP will not reissue checks to an out-of-state address.

### **Lost, Stolen, Destroyed or Not Received EA Checks**

If an applicant reports their EA check has been lost, stolen, destroyed or not received, the agency will initiate check replacement using the following procedures:

- The agency must first secure the check date and check number as displayed on the E1PY screen. Once this information is secured, contact the Division of Finance and Administrative Services (DFAS) at 573-526-1811 to determine if the check is outstanding.
- If the check is outstanding, advise DFAS to put a Stop Payment on the check.

**NOTE:** Only designated agency staff can request a stop payment. Complete an Affidavit for Replacement Check (IM-214) form and send it to the FSD LIHEAP on or before the next business day - after the affidavit has been notarized. The FSD LIHEAP fax number is 573-522-9557.

**NOTE:** The agency must call the stop payment in to DFAS before issuing the affidavit, or the affidavit will be voided by DFAS. Mail the original notarized affidavit to Family Support Division – Attn LIHEAP, P.O. Box 2320, Jefferson City, MO 65102-2320. FSD LIHEAP staff will make a copy of the affidavit and forward the original to DFAS. The agency must keep a copy in the applicant's record. The applicant must be advised to notify the agency immediately if the check is subsequently found. The check will not be accepted for payment by the State Treasurer unless the stop payment notice is removed. In this instance, DFAS must be contacted to stop the duplicate check and remove the stop payment notice from the original check.

- If the check is not outstanding, DFAS will send the agency a copy of the check for further review. If, after reviewing the endorsed check, the agency is reasonably certain that a forgery has been committed, an Affidavit of Forgery (IM-215) form will be completed and sent to DFAS at P.O. Box 1082, Jefferson City, MO 65102-1082.

### **ECIP PAYMENT PROCESS**

ECIP payments are produced and distributed by the local agency. Payments must be issued to suppliers no later than forty-five (45) days after an eligible household applied for assistance. The payment amount is determined by the amount needed to restore or prevent disconnection of service to alleviate the energy related crisis.

## SUMMARY

LIHEAP EA payments are made by the FSD LIHEAP to either a participating home energy supplier directly or to the household in a one time lump sum payment. ECIP payments can be one or multiple payments, not to exceed the maximum benefit allowed, made by the agency to suppliers who have contracts with the agency to resolve crisis situations.

Payment determination and processing are dependent upon whether EA and/or ECIP funds are used and if the payment is being made to a participating home energy supplier. The EA payment process is recorded in the state's LIHEAP Energy Assistance computer program. The ECIP payment process should be recorded in the Management Information System (MIS).

In either case, EA and ECIP payments must be issued in forty-five (45) days after an eligible household applies for assistance.

## SUPPLIER

### INTRODUCTION

Low Income Home Energy Assistance Program (LIHEAP) Energy Assistance (EA) payments are made directly to participating suppliers. Participating suppliers receive payment information and send responses to the Family Support Division (FSD) through File Transfer Protocol (FTP), directly on the FSD LIHEAP website or by a paper process. The process used to send and receive information will determine the access that is needed to the EA System.

Large suppliers participate through the FTP process because they have systems that can be programmed to pick up and return electronic files. We encourage all other suppliers to utilize the FSD LIHEAP website if they are not already doing so to reduce the time it takes to receive an EA payment. Paper supplier payments can take longer to process due to mailing time and faxing of paper reports.

### Security Access

Regardless if the supplier is FTP, web or paper suppliers wanting to access the EA System must submit the following forms to FSD for processing:

- State of Missouri Department of Social Service Access Request
- DSS Confidentiality & Information Security Agreement

The original forms with original signatures must be received by FSD before security access is processed. These forms and their instructions are included in the Forms Section of this manual.

If an employee fails to sign on to the EA System for thirty (30) days, his/her password will be revoked and he/she will be required to complete all the forms for EA System access again. This will require original forms which must be received before processing.

**NOTE:** Only LIHEAP staff will be granted security access to the LIHEAP system.

After you receive a user ID, you will be able to sign on to the EA System through the internet at the following website:

<http://www.dss.mo.gov/fsd/liheap.htm>

For your initial sign on, you will use the user ID provided and the password will be the first letter of your first name, the first letter of your last name, and the last four digits of your Social Security Number followed by ## (two consecutive pound signs). This is not case sensitive. A message will appear advising you that the password has expired and you will need to enter a new password. The new password needs to consist of eight (8) characters with both letters and numbers and different than the users last 32 passwords. This information should be retained for future use. After entering this information, you will be prompted to enter the same password again. A prompt will appear indicating the



password was accepted. Passwords expire every thirty-one (31) days, therefore it is imperative users continue to sign on every thirty (30) days to remain active.

**NOTE:** Keep the password in a confidential area so others will not be able to access this information.

The screenshot shows the Missouri Department of Social Services website. The header includes the state seal and the text "Missouri Department of SOCIAL SERVICES". Navigation links include Home, Children, Families, Health Care, Youth, and Local Offices. The main content area is titled "Family Support Division" and "Low Income Home Energy Assistance Program". It describes the program's components (Energy Assistance/Regular Heating (EA) and Energy Crisis Intervention Program (ECIP)) and eligibility requirements. A section titled "Who Is Eligible?" provides more details. A list of links includes "Energy Supplier On-Line Access", "Agency On-Line Access", "Heating & Cooling Assistance Instructions & Application", "La Calefacción & Refrescando Ayuda Instrucciones & la Aplicación", "LIHEAP Brochure", "LIHEAP Manual", "2012 LIHEAP State Plan", and "2013 LIHEAP Draft Abbreviated Model State Plan". A section titled "Links to Other Energy Assistance Internet Resources:" lists the Missouri Association for Community Action, U.S. Dept. of Health & Human Services LIHEAP, and Missouri Department of Natural Resources Energy Center. The footer contains sections for "About DSS", "Additional Resources", "Useful Links", "Connect with us", and "Get Viewers".

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Home Children Families Health Care Youth Local Offices

Family Support Division

### Low Income Home Energy Assistance Program

The Missouri Low Income Home Energy Assistance Program (LIHEAP) has two components. Energy Assistance/Regular Heating (EA) and Energy Crisis Intervention Program (ECIP). EA is designed to provide financial assistance to help pay heating bills for Missourians during the months of October, November, December, January, February, and March. Eligibility requirements for EA are based on income, household size, available resources and responsibility for payment of home heating costs. Eligibility for EA may also qualify individuals for additional financial assistance through ECIP.

#### Who Is Eligible?

Households that meet income guidelines based on household size. Caseworkers in **Contracted Agencies** provide information concerning requirements. The agency providing services for your area can be located on the Contracted Agencies link and by selecting the residential county on the map.

- **Energy Supplier On-Line Access** (authorization required)
- **Agency On-Line Access** (authorization required)
- **Heating & Cooling Assistance Instructions & Application** updated 04/04/12
- **La Calefacción & Refrescando Ayuda Instrucciones & la Aplicación** updated 11/09/11
- **LIHEAP Brochure**
- **LIHEAP Manual** (size=12.36MB)
- **2012 LIHEAP State Plan**
- **2013 LIHEAP Draft Abbreviated Model State Plan**

#### Links to Other Energy Assistance Internet Resources:

- **Missouri Association for Community Action** ([www.communityaction.org](http://www.communityaction.org))
- **U.S. Dept. of Health & Human Services LIHEAP** ([www.acf.hhs.gov/programs/ocs/liheap/](http://www.acf.hhs.gov/programs/ocs/liheap/))
- **Missouri Department of Natural Resources Energy Center** ([www.dnr.mo.gov/energy/](http://www.dnr.mo.gov/energy/))

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8/14/12

#### About DSS

- Office of the Director
- DSS Divisions
- Caseload Counter & Reports
- DSS Nondiscrimination Policy
- Toll Free Numbers
- Contact DSS
- Media
- Site A to Z

#### Additional Resources

- 2-1-1 Missouri, United Way
- Influenza Information
- The Missouri Health Connection
- Federal Recovery Funding

#### Useful Links

- Tough Times? Need Help?
- Report Fraud
- Energy Assistance
- Child Care
- Register to Vote

#### Connect with us

Facebook Twitter RSS

#### Get Viewers

- Acrobat Reader
- Word
- Excel
- PowerPoint

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**SIGNING ON TO EA SYSTEM:**

1. Access <http://www.dss.mo.gov/fsd/liheap.htm> website and click on Energy Supplier On-Line Access.
2. On-Line Access to Energy Assistance will display and list the supplier Energy Assistance screens.
3. Click on the screen you wish to access.
4. The Connect to [www.prod.dss.mo.gov](http://www.prod.dss.mo.gov) box will display and you will type in your User name and Password and click OK button.
5. You will now be signed onto the EA system and the screen you selected will now display.

If you experience trouble with your password when signing on for the first time or if your password needs to be reset, you may call the Department of Social Service (DSS) Information Technology and Service Division (ITSD) help desk numbers, 1-800-392-8725 or 1-800-663-2647, for assistance.

**LIHEAP Supplier Access (E1SA) Screen**

Participating home energy suppliers may have access to the LIHEAP Supplier Access (E1SA) screen. This is an inquiry only screen designed to provide suppliers with payment and application status information on their customers.

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**E1SA**

**LIHEAP - Supplier Access Screen**

Customer SSN:  Fiscal Year (FY):

Message: Enter Customer SSN

E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE  
E1UD E1UP E1UR E1US E1UA  
E1CD E1RG E1AC

User ID (MCKEORJ) Program (FEA146 version=001) Wednesday, August 31, 2011 2:04:04 PM

**ACCESSING LIHEAP SUPPLIER ACCESS (E1SA) SCREEN:**

1. Sign on to the EA System and click on E1SA link.
2. The message, "Enter Customer SSN" will display in red.
3. Type the customer's Social Security Number (SSN).
4. Click on INQUIRY button or hit enter key.
5. The message, "Customer Information Displayed" will display.

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**LIHEAP - Supplier Access Screen**

Customer SSN: 43802193 Fiscal Year (FY): 11

**Program Type: SUPPLEMENTAL**

Customer Name: JONES  
Address 1:  
Address 2:  
City: PILOT KNOB State: MO Zip: 63663  
Register Date: 12-14-2010 Reapplication: N

Status: APPROVED  
Supplier Number: 120016002  
Supplier Response: Y - YES

Agency: A04-EMAA  
Account Number:  
Energy Source: Natural Gas  
County: 047-IRON

Supplier Name: MO NATURAL GAS COMPANY  
Amount Paid: \$79.00  
Check Date: 03-04-2011

Notified Date: 02-11-2011  
Check Number: Z 03156222

**Program Type: EA**

Customer Name: JONES  
Address 1:  
Address 2:  
City: PILOT KNOB State: MO Zip: 63663  
Register Date: 12-14-2010 Reapplication: N

Status: F  
Supplier Number: 120016002  
Supplier Response: Y - YES

Agency: A04-EMAA  
Account Number:  
Energy Source: Natural Gas  
County: 047-IRON

Supplier Name: MO NATURAL GAS COMPANY  
Amount Paid: \$217.60  
Check Date: 02-04-2011

Notified Date: 01-14-2011  
Check Number: Z 03144823

Message: Customer Information Displayed

Inquiry

E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1DE  
E1UD E1UP E1UR E1US E1UA  
E1CD E1RG E1AC

User ID: MCH2000 Program: E1SA version: 0311 Policy: September 02, 2011 9:37:58 AM

The agency and county information will display. The customer name, account number, address and energy source will also display. You will be able to view the registration date to determine if this was a reapplication. One of the following statuses will display:

- **Pending in Progress Status**

The pending in progress status indicates the application has been registered; however, the application has not been processed.

- **Eligible Status**

The eligible status indicates the application has been registered, processed and the household has met the requirements for LIHEAP eligibility, but the payment has not processed. If the case is eligible, the supplier number, supplier name and date notification was sent to the supplier about the EA payment will display.

- **Approved Payment in Process Status**

The approved payment in process status indicates the application has been registered, processed, the household met the requirements for LIHEAP eligibility, the customer eligibility response has returned from the supplier with a response of "YES" and payroll is processing. This status will appear for a short period of time. When payroll has processed, the status will change to approved.

- **Approved Status**

The approved status indicates the application has been registered, processed, the household has met the requirements for LIHEAP eligibility and the payment has been processed. The process date, benefit amount, supplier number and name will display.

- **Ineligible Status**

The ineligible status indicates the application has been registered, processed and the household has not met the requirements for LIHEAP eligibility.

- **Denied Status**

The denied status indicates the application has been registered, processed, the household has met the requirements for LIHEAP eligibility and the customer eligibility response has returned from the supplier with a denial code. E1SA will display the reason for the denial. The seven possible denial reasons the supplier can choose from are:

- Commercial Account
- Non-Heat Source
- Inactive Account
- Not Our Customer
- Invalid Account Number
- Needs Additional Funds
- Negative Applicant Response

**NOTE:** The E1SA screen is an inquiry screen. No updates to the information on this screen can be made by suppliers.

## **CUSTOMER ELIGIBILITY LISTINGS**

After the agency has determined a case is eligible to receive a LIHEAP EA payment and the customer has a participating supplier, a Customer Eligibility Listing (CEL) (FEABB410-01) report will be generated to the home energy supplier. The Customer

Eligibility Listing (CEL) will identify each eligible customer by name, address, customer account number and Social Security Number. The home energy supplier will be responsible for completing the responses and returning them to FSD LIHEAP staff by the due date indicated on the form. These listings are generated differently based upon the different participating supplier types of FTP, web or paper.

### FTP Suppliers

A Customer Eligibility Listing (CEL) file is made available to FTP suppliers every Monday. An email is also generated to notify the supplier of the file. The FTP supplier picks up this file and determines if they will accept or deny the payment. The supplier file can be returned any time; however, the EA System will pick up the file at the close of business on Wednesdays and Fridays. The batch for payment processing will not run until Friday of each week. **NOTE:** To avoid overlaying of FTP files, suppliers should only send one file for Wednesday's processing and one file for Friday's processing.

### Web Suppliers

The Customer Eligibility Listing (CEL) is sent to web suppliers through the internet email. They can also generate this report from the EA System on the LIHEAP Supplier Response Print (E1RP) screen. Web suppliers will submit their responses on-line utilizing the LIHEAP Supplier Response Page (E1RS) screen.

### ACCESSING LIHEAP SUPPLIER RESPONSE PAGE (E1RS) SCREEN:

1. Type the supplier number in SUPPLIER NUMBER field.
2. Type the notification date in DATE NOTIFIED field. **NOTE:** The date notified field can be located in Appendix G and on the Customer Eligibility Listing (CEL).
3. Click on INQUIRY button.
4. The E1RS screen will display the message, "Enter Updates".

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**E1RS**

**LIHEAP - Supplier Response Page**

SUPPLIER NUMBER: 152605000      DATE NOTIFIED: 06-29-2009      Include Verified Responses ☐

**Supplier Name & Address:**  
AMERIGAS  
2727 W MAIN  
JEFFERSON CITY      MO 65109

**CUSTOMER INFORMATION**  
Accept ALL on Page ☐

Customer SSN	Name and Address	Account #	Account# Changed?	Fuel Type	Benefit	Supplier Response
659-86-3265 *	MONAHAN JOHN 123 MAIN STREET JEFFERSON CITY      MO 65101	89765431	<input type="text"/>	2 PROPANE GS	\$600.00	0=None
999-65-4585 *	OPALT JOHN G 123 MAIN STREET JEFFERSON CITY      MO 65101	89765431	<input type="text"/>	2 PROPANE GS	\$600.00	0=None

**Message:** Enter Updates

E1PP E1RS E1RP E1SP E1SD E1RC E1UD E1US  
E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE  
E1UD E1UP E1UR E1US E1UA

The E1RS screen will display the customer SSN, name, address, account number, fuel type and benefit amount. You can either accept all the payments on the page or update each supplier response field.

Suppliers can enter only one of the appropriate energy supplier response codes listed below:

- Y or N (Yes or No) – This response indicates whether the supplier will accept the state's payment on behalf of a particular customer. If the supplier responds with "N", the payment will be redirected to the customer.
- 1-Commercial Account – This response indicates an account identified by the home energy supplier via rate structure or other means as generally being utilized by a commercial business and is not a residential heating account.
- 2-Non-Heating Account – This response indicates the account is not the customer's primary home energy heat source.
- 3-Inactive Account – This response indicates the identified account is not active with the home energy supplier.
- 4-Not Our Customer – This response indicates the home energy supplier is unable to identify the account holder as being a customer of their company.
- 5-Invalid Account Number – This response indicates the account number sent to the supplier does not match the supplier's data base for the customer.



- 6-Needs Additional Payment – This response indicates the account needs additional funds to restore and continue services.
- 7-Negative Customer Response – This response indicates the customer failed to call and make an appointment to restore services.

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E1RS

**LIHEAP - Supplier Response Page**

SUPPLIER NUMBER: 152605000      DATE NOTIFIED: 06-29-2009      Include Verified Responses ☐

**Supplier Name & Address:**  
AMERIGAS  
2727 W MAIN  
JEFFERSON CITY      MO 65109

**CUSTOMER INFORMATION**  
Accept ALL on Page ☐

Customer SSN	Name and Address	Account #	Account# Changed?	Fuel Type	Benefit	Supplier Response
659-86-3265 *	MONAHAN JOHN 123 MAIN STREET JEFFERSON CITY      MO 65101	89765431	<input type="text"/>	2 PROPANE GS	\$600.00	0=None
999-65-4585 *	OPALT JOHN G 123 MAIN STREET JEFFERSON CITY      MO 65101	89765431	<input type="text"/>	2 PROPANE GS	\$600.00	0=None Y=Yes N=Our Cust Reject Paymt 1=Commercial 2=Non-Heat 3=Inactive 4=Non-Customer

Message: Enter Updates

E1PP E1RS E1RP E1SP E1SD E1RC E1UD E1US  
E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE  
E1UD E1UP E1UR E1US E1UA

### ENTERING SUPPLIER RESPONSES ON E1RS SCREEN:

1. Type the customer's account number in ACCOUNT # CHANGE? field if the customer's account number listed on the screen is incorrect. **NOTE:** If the customer's account name is correct, it is not necessary to update this field. Click on the drop-down menu in SUPPLIER RESPONSE field and select the appropriate response.
2. Or click on ACCEPT ALL ON PAGE field to accept all the payments.
3. Click on SAVE button.
4. Click on NEXT to view following pages.

You may enter the responses Monday through Friday until 5:00 P.M. and the responses will update the EA System over the weekend. See Appendix H for the Customer Eligibility (CEL)/Payment Procedures Overview relating to payment timeframes.

Web suppliers also have access to the Supplier Response Page using the LIHEAP Supplier Response Print (E1RP) screen.



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E1RP

LIHEAP - Supplier Response Print

SUPPLIER NUMBER: 152605000 DATE NOTIFIED: 06-29-2009

Supplier Name & Address:  
AMERIGAS  
2727 W MAIN  
JEFFERSON CITY MO 65109

Customer SSN	Name and Address	Account #	Fuel Type	Benefit	Supplier Response
659-86-3265	MONAHAN JOHN 123 MAIN STREET JEFFERSON CITY MO 65101	89765431	2 PROPANE GS	\$600.00	0=None
999-65-4585	OPALT JOHN G 123 MAIN STREET JEFFERSON CITY MO 65101	89765431	2 PROPANE GS	\$600.00	0=None

Message: Transaction Complete

SUBMIT

E1PP E1RS E1RP E1SP E1SD E1RC E1UD E1US

E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE

E1UD E1UP E1UR E1US E1UA

E1CD E1RG E1AC

User ID: JEAS001 Program: FEA1426 version: 0011 Monday, June 29, 2009 2:40:45 PM

### ACCESSING LIHEAP SUPPLIER RESPONSE PRINT (E1RP) SCREEN:

1. Type the supplier number in SUPPLIER NUMBER field.
2. Type the notification date in DATE NOTIFIED field. **NOTE:** The date notified field can be located in Appendix G and on the Customer Eligibility Listing (CEL).
3. Click on INQUIRY button.
4. The E1RP screen will display the message, "Transaction Complete".

Due to the size of this report, you must use the print function from the tool bar drop-down under File to print document. You will then choose "Select All" followed by indicating the Current Page or Pages to show the range you wish to print.

### SUPPLIER OUTSTANDING RESPONSES

Suppliers are required to submit customer responses on the Customer Eligibility Listing (CEL) within fifteen (15) days. To determine outstanding customer eligibility responses the LIHEAP Supplier Outstanding Responses (E1PP) screen can be accessed.

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**E1PP**

**LIHEAP - Supplier Outstanding Responses**

Supplier Number:

Message: Enter Supplier Number

Inquiry

E1PP E1RS E1RP E1SP E1SD E1RC E1UD E1US

E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE

E1UD E1UP E1UR E1US E1UA

LIHEAP Usage Data E1AC

User ID: (MCKEORJ) Program (FEA135 version=001) Wednesday, August 31, 2011 2:38:55 PM

### ACCESSING THE LIHEAP SUPPLIER OUTSTANDING RESPONSE (E1PP) SCREEN:

1. Sign on to the EA Website. Click on the link E1PP. The message, "Enter Supplier Number" will display.
2. Type the supplier number in the SUPPLIER NUMBER field. Click on the INQUIRY button. The screen will display the message, "Supplier Outstanding Responses Displayed" if there are outstanding responses. If there are no outstanding responses, the screen will display, "There Are No Supplier Outstanding Responses".

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**E1PP**

**LIHEAP - Supplier Outstanding Responses**

Supplier Number: 152605000

Notified Date: 06-24-2009

# Outstanding: 1

Respond

Message: Supplier Outstanding Responses Displayed

Inquiry

E1PP E1RS E1RP E1SP E1SD E1RC E1UD E1US

E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE

E1UD E1UP E1UR E1US E1UA

E1CD E1RG E1AC

User ID: (FEAR001) Program (FEA135 version=001) Friday, June 26, 2009 4:24:07 PM

DSS Home [About Us](#) [Contact DSS](#) [Hotlines](#) [Toll Free](#)

The E1PP will display the supplier notify date and the number of outstanding responses.  
**NOTE:** Suppliers who have access to the EA system may check E1PP for their main

supplier number and any subsequent numbers (sub numbers are assigned to other area offices within the same company) to identify outstanding responses.

#### ACCESSING THE E1RS SCREEN FROM E1PP TO ENTER RESPONSES:

1. Click on the RESPOND button.
2. The LIHEAP Supplier Response Page (E1RS) will display with the message, "Enter Updates".

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**E1RS**

**LIHEAP - Supplier Response Page**

SUPPLIER NUMBER: 152605000      DATE NOTIFIED: 06-24-2009      Include Verified Responses ☐

**Supplier Name & Address:**  
AMERIGAS  
2727 W MAIN  
JEFFERSON CITY      MO 65109

**CUSTOMER INFORMATION**  
Accept ALL on Page ☐

Customer SSN	Name and Address	Account #	Account# Changed?	Fuel Type	Benefit	Supplier Response
659-86-3265 *	MONAHAN JOHN 123 MAIN STREET JEFFERSON CITY      MO 65101	89765431	<input type="text"/>	2 PROPANE GS	\$600.00	0=None

**Message:** Enter Updates

E1PP E1RS E1RP E1SP E1SD E1RC E1UD E1US

E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE

E1UD E1UP E1UR E1US E1UA

E1CD E1RG E1AC

User ID:(FEAR001)      Program(FEAU132 version=001) Friday, June 26, 2009 4:27:30 PM

[DSS Home](#) [Resources](#) [Contact DSS](#) [Hotlines](#) [Toll Free](#)

#### ENTERING RESPONSES ON THE E1PP SCREEN CONTINUED:

1. If the account number is different, type this in the ACCOUNT # CHANGED field then tab over to the SUPPLIER RESPONSE field.
2. Click on the drop-down box to select the supplier response. **NOTE:** Selecting the response NO will cause the EA benefit to be paid directly to the applicant and not the supplier.
3. Click on the SAVE button. The screen will refresh and the message, "Update Successful" will display.

### RETURN TO E1PP SCREEN:

1. Click on the RETURN TO E1PP button. The message, "There Are No Supplier Outstanding Responses" will display.

### Paper Suppliers

The Customer Eligibility Listing (CEL) is sent to paper suppliers by mail on Tuesday of each week. Paper suppliers will need to indicate if there has been a customer account number change and their response directly on the report. They will then need to fax this report to 573-522-9557 or mail this report to:

Family Support Division  
Attn: LIHEAP  
P.O. Box 2320  
Jefferson City, MO 65102-2320

After the Customer Eligibility Listing (CEL) is received by FSD LIHEAP staff, they will enter the responses in the EA System. These responses will update the EA System over the weekend. See Appendix H for the CEL/Payment Procedures Overview relating to payment.

### SUPPLIER PAYMENT REPORT

The Supplier Payment Report (FEARBB350-01) will list each customer for whom payment is being issued. It provides identifying information about each customer, the amount of the payment being made on their behalf and the total amount of all payments for this payroll. The total amount should agree with the amount of the check or direct

deposit received unless payment debits from a previous payroll cycle have been taken. If you indicated on the Customer Eligibility Listing (CEL) that you did not want to accept payment on behalf of the customer, the Amount Paid Column on this report will be blank and the response you entered will be reflected under the Supplier Response. This report will generate differently based upon the different participating supplier types of FTP, web and paper.

### **FTP Suppliers**

A Supplier Payment file is made available to FTP suppliers every Monday. The FTP supplier picks up this file and processes the payment information from this file. Email notification will be generated each time the file information is updated on the server.

### **Web Suppliers**

If there are any payments for a web supplier, a weekly email is sent with the Supplier Payment Report attached. **NOTE:** The Customer Eligibility Listing (CEL) report is sent on Sunday for EA customers approved during the past week. The Supplier Payment report, also sent on Sunday, is for customers who will receive payment on the current Friday payroll. Suppliers may access customer and payroll information through the EA System on the LIHEAP Supplier Payment Inquiry (E1SP) screen. This screen requires the supplier number and check date for access.

E1SP



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**LIHEAP - Supplier Payment Inquiry**

Supplier Number: 152605000

Check Date: 07-06-2009

---

Check Number: L 00063083	Check Amount: \$600.00	Debits: \$0.00	Credits: \$0.00
--------------------------	------------------------	----------------	-----------------

---

**Supplier Name & Address:**  
 AMERIGAS  
 2727 W MAIN  
 JEFFERSON CITY MO 65109

**Supplier Number:** 152605000  
**Total Amount:** \$600.00  
**Debits:** \$0.00  
**Credits:** \$0.00

---

**CUSTOMER INFORMATION:**

Customer SSN	Name and Address	Account #	Benefit	Debit/Credit	Reason
999-65-4585 *	OPALT JOHN G 123 MAIN STREET JEFFERSON CITY MO 65101	89765431	\$600.00		

---

Message: Information Displayed

---

E1PP E1RS E1RP E1SP E1SD E1RC E1UD E1US  
E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE  
E1UD E1UP E1UR E1US E1UA  
E1CD E1RG E1AC

User ID:(FEAR001 )

Program(FEA120 version=001) Thursday, July 02, 2009 10:57:34 AM

DSS Home Suppliers Contact DSS Hotlines Toll Free

### ACCESSING LIHEAP SUPPLIER PAYMENT INQUIRY (E1SP) SCREEN:

1. Type the supplier number in SUPPLIER NUMBER field.
2. Type the check date in CHECK DATE field.
3. Click on INQUIRY button.
4. The E1SP screen will display the message, "Information Displayed".

### Paper Suppliers

Paper suppliers will receive the Supplier Payment Report through the mail with their Energy Assistance check. If you receive your payment through direct deposit, you will only receive the payment report by mail.

### PAYROLL DATES

Checks will be produced beginning the first Saturday after the program start date and will be mailed on the following Friday unless there is a holiday. The State is required to

hold all checks five (5) working days; therefore, checks will be mailed the following Monday in the event of a holiday. Suppliers participating in the Automated Clearing House (ACH) or Direct Deposit payment process will receive EA funds each payroll Friday. In the event of a holiday, the funds will be deposited the following Monday. See Appendix G for Customer Eligibility Listing and payroll dates.

## **LOST PAYROLL CHECKS**

If a supplier was scheduled to receive a check for LIHEAP customers on a certain payroll date and has not received it within ten (10) calendar days after its due date, contact the FSD LIHEAP at 573-751-6789. FSD LIHEAP staff will assist the supplier in locating the check.

If the check has been lost, stolen or destroyed in some manner it will be necessary for the supplier to contact the contracted agency. The supplier will need to request that a stop payment be issued for the check. The agency will contact Division of Finance and Administrative Services (DFAS) and request the stop payment.

The supplier will need to complete the Affidavit for Replacement Check (IM-214) form found in the Forms Section of this manual. The form will need to be signed and notarized. The supplier will need to submit the form to the agency for proper signatures and contact FSD LIHEAP staff for assistance.

## **CREDIT, DEBITS AND REFUNDS**

There are certain situations where a determination is made to issue a credit or debit on a customer's account. This credit or debit is entered in the EA system and will affect the supplier's payroll.

### **Credit**

A credit occurs when a customer receives an underpayment in Energy Assistance benefits. The underpaid amount must be added (credit) to the customer's account. The credit causes an automatic direct deposit for suppliers participating in the Automated Clearinghouse (ACH) or direct deposit process. Suppliers not participating in the direct deposit process will receive a paper check.

### **Credit Codes**

- 0-Supplier Changed
- 1-Updated Eligibility/Benefit Adjustment
- 2-New Supplier/Honoring Pledge
- 3-System Generated to Direct Pay
- 4-Supplemental Payment
- 5-Supplier Other
- 6-135 Benefit Increase
- 7-Worksheet Error
- 8-System Error Write-Off
- 9-Correct Mailing Address Updated



## Debits and Refunds

A debit occurs when a supplier receives an overpayment in Energy Assistance benefits. The overpaid amount must be subtracted (debit) from the supplier's account.

A refund occurs when a supplier receives a payment and refunds the payment to the FSD LIHEAP with a paper check. When issuing a refund, the supplier will need to include documentation with the check identifying the customer on whose behalf the payment was issued. This documentation should include the customer's name, address (city, state and zip code), Social Security Number and a brief explanation why the funds are being returned. This documentation can be located on the Customer Eligibility Listing (CEL).

## Debit and Refund Codes

- I. Customer Moved
- J. Heat Source Error
- K. Actual Usage
- L. Supplier Changed
- M. Supplier Other Reasons
- N. Failed to Negotiate Turn On
- O. Account Closed or Inactive
- P. Client Incarcerated
- Q. Address Unknown
- R. Moved Out-of-State
- S. Deceased
- T. Ineligible
- U. Other
- V. Updated Eligibility/Benefit Adjustment
- W. Worksheet Error
- X. Non-Heat Account
- V. Collection on Debits
- AA. Duplicate Payment
- BB. Actual Usage Credit Balance

## USAGE DATA REPORT

At the end of the heating season, the FSD LIHEAP generates an Actual Usage Data Report (FEAAU30-01) and sends this to randomly selected suppliers to complete usage information on their customers that received EA benefits. FSD LIHEAP staff request all usage data for July 1 through June 30. **NOTE:** July through December will be from the previous year and January through June will be from the current year. For example: Usage for FFY2012 will ask for usage July through December of 2011 and January through June of 2012. If the information returned by the supplier indicates the applicant may not have actually heated their home with the declared heat source, the FSD LIHEAP reserves the right to file a claim against the applicant to recover the entire EA benefit amount. This listing is generated differently based upon the different participating supplier types of FTP, web or paper.

## FTP Suppliers

An Actual Usage Data Report file is made available to FTP suppliers if they are included in the random selection. The FTP supplier will pick up this file and complete the usage information and return this to the server.

## Web Suppliers

The Actual Usage Data Report will be mailed to randomly selected web suppliers since it is too large to send this report by internet email. Web suppliers will submit their actual usage data for each EA customer on-line utilizing the LIHEAP Usage Data (E1UD) screen.

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**E1UD**

**LIHEAP - Usage Data**

Supplier #:  Fuel Type:  Customer SSN:  Include All: ☐

Fiscal Year (FY):

Message: Enter Supplier #

Inquiry

E1PP E1RS E1RP E1SP E1SD E1RC E1UD E1US

E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE

E1UD E1UP E1UR E1US E1UA

E1CD E1RG E1AC

User ID: (MCKEORJ) Program: (FEAU130 version=001) Wednesday, August 31, 2011 2:48:25 PM

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### ACCESSING LIHEAP USAGE DATA (E1UD) SCREEN:

1. Type the supplier number in the SUPPLIER # field.
2. Click on the INQUIRY button. You may choose the fuel type from the drop-down box in the FUEL TYPE field or leave as "All". **NOTE:** If all fuel types and all customers are needed, you will need to check the INCLUDE ALL box.
3. You may also display the screen for a particular customer by using the CUSTOMER SSN field.

E1UD

## LIHEAP - Usage Data

Supplier #: 150054000 Fuel Type: All Customer SSN: Include All: ☐  
 Fiscal Year (FY): 12 Verified: No

---

**Supplier Information**

**Supplier Name & Address:**  
 AMEREN MISSOURI  
 1901 CHOUTEAU AVE  
 P O BOX 66881 MC 310  
 ST LOUIS MO 63166  
 Phone: 314-554-2478 Fax: 314-992-6755

**Supplier Number:** 150054-000  
**Supplier Fuel Types:** Natural Gas  
 Electric

**Date Usage Sent:** 07-10-2012

---

**Customer Information**

SSN	Customer Name & Address	Account #	Fuel Type	Benefit Paid	Date Paid
	JOHNSON JOHN A 4127 WEST LEXINGTON AV APT A ST LOUIS MO	63115	3 Electric	\$270.00	03-09-2012

---

**Actual Usage Data**

Months	Year	KILOWATTS Number Units	Total Cost	Partial Bill
July	11	0.00	0.00	<input type="checkbox"/>
August	11	0.00	0.00	<input type="checkbox"/>
September	11	0.00	0.00	<input type="checkbox"/>
October	11	0.00	0.00	<input type="checkbox"/>
November	11	0.00	0.00	<input type="checkbox"/>
December	11	0.00	0.00	<input type="checkbox"/>
January	12	0.00	0.00	<input type="checkbox"/>
February	12	0.00	0.00	<input type="checkbox"/>
March	12	0.00	0.00	<input type="checkbox"/>
April	12	0.00	0.00	<input type="checkbox"/>
May	12	0.00	0.00	<input type="checkbox"/>
June	12	0.00	0.00	<input type="checkbox"/>

Credit Balance When EA Payment Received: 0.00  
 Credit Balance Refunded To Customer: 0.00  
 Credit Balance Refunded To Family Support Division: 0.00  
 Current Credit Balance: 0.00  
 Outstanding Account Balance When EA Pymt Received: 0.00

---

**Summary Section**

Total Units: 0.  
 Total Dollars: \$0.00

---

**Notes Section**

500 Characters Left

Message: Enter Updates

Prev Inquiry Save Next

E1PP E1RS E1RP E1SP E1SD E1RC E1UD E1US

E1SA E1PP E1RS E1RP E1SP E1SS E1SD E1BE

E1UD E1UP E1UR E1US E1UA

E1CD E1RG E1AC

The E1UD screen will display supplier information, customer information and actual usage data and the message, "Enter Updates" will display.

**ENTERING ACTUAL USAGE DATA ON E1UD SCREEN:**

1. Tab to the corresponding month and type in fuel usage in the NUMBER OF UNITS field. **NOTE:** The type of usage units will display the following based on fuel type: Natural Gas - Cubic Feet, Electric – Kilowatts and Propane/Fuel Oil – Gallons.
2. Tab to the TOTAL COST field and enter the amount the fuel cost that month.
3. Click on PARTIAL BILL field for months that did not include an entire month's bill.
4. Repeat steps 1-3 for each month the customer received services.
5. If the customer had a credit balance appearing on their account at the time the EA payment was received, enter the amount in the CREDIT BALANCE WHEN EA PAYMENT RECEIVED field. If none, 0.00 should remain in field.
6. If the customer had a credit balance refunded to them, enter the amount in the CREDIT BALANCE REFUNDED TO CUSTOMER field. If none, 0.00 should remain in field.
7. If the customer had a credit balance refunded to Family Support Division, enter the amount in the CREDIT BALANCE REFUNDED TO FAMILY SUPPORT DIVISION field. If none, 0.00 should remain in field.
8. If the customer has a credit balance appearing on their account at the time the report is completed, enter that amount in the CURRENT CREDIT BALANCE field. If none, 0.00 should remain in the field. Do not enter a negative amount.
9. If the customer owed an outstanding balance when the EA payment was received, enter the amount in the OUTSTANDING ACCOUNT BALANCE WHEN EA PYMT RECEIVED field. Do not enter a credit amount in this field. If the customer does not owe a balance, 0.00 should remain in the field.
10. Click on SAVE button at the end of each customer/page.
11. E1UD will total the units and balance in the Summary Section. The message, "Usage Record Updated" will display.
12. Click on the NEXT button to bring up the next customer to enter usage information.

**Paper Suppliers**

The Actual Usage Data Report (FEAAU30-01) is mailed to paper suppliers. Paper suppliers will need to indicate the usage information directly on the report. They will then need to fax this report to 573-522-9557 or mail this report to:

Family Support Division  
 Attn: LIHEAP  
 P.O. Box 2320  
 Jefferson City, MO 65102-2320

After the Actual Usage Data Report (FEAAU30-01) is received by FSD LIHEAP staff, they will enter the responses in the LIHEAP EA System.

**SUMMARY**

Participating suppliers receive payment information through the Customer Eligibility Listing (CEL) and send responses to FSD through File Transfer Protocol (FTP), directly on the FSD LIHEAP website or by a paper process. They also utilize this process to receive payment reports. Appendix H, the Customer Eligibility Listings (CEL)/Payment

Procedures Overview outlines the process and time frames for distribution of the Customer Eligibility Listings (CEL) and payments.

## REPORTS

### INTRODUCTION

Low Income Home Energy Assistance (LIHEAP) Energy Assistance (EA) reports are generated for review and emailed to agencies that have contracted with the Family Support Division (FSD) LIHEAP. FSD LIHEAP staff has access to all reports. Reports generate daily, weekly, monthly, annually and on-request. Each report is assigned a Report ID. The Report ID starts with FEA to indicate this is an Energy Assistance (EA) Report, has a two letter code on each report which identifies how often a report generates and ends with a number that is unique to the particular report. The two letter code which indicates the report frequency is:

DD: Daily  
 BB: Weekly  
 MM: Monthly  
 AA: Annually  
 RR: On Request

### FEABB320-01 and FEABB320-02 – LIHEAP Date of Death Report

This report is a listing of LIHEAP members that are deceased; by agency. A daily tape match is run against the Social Security Administration (SSA) death inquiry database. The report displays the agency/county, member social security number, member name, member date of birth, member date of death and applicant social security number. The FEABB320-01 and FEABB320-02 reports are identical. The FEABB320-01 is sent to the agencies and the FEABB320-02 is sent to FSD LIHEAP staff.

Upon receipt of this report, FSD LIHEAP staff change the member's status to deceased. **NOTE:** Entering a member as deceased is limited to FSD LIHEAP staff only. Agencies must contact FSD LIHEAP staff to make this update on the LIHEAP Member (E1MM) screen. The agency must provide a date of death in order for FSD LIHEAP staff to make this system update. This change prevents use of the deceased member's name in future mailings and assists in the prevention of fraud. FSD LIHEAP staff as well as agency staff use this report to determine if the member was deceased during the time of application. If the deceased member's date of death was prior to the LIHEAP eligibility determination date, a fraud determination should be made. Member's whose date of death is after the LIHEAP eligibility determination date will be considered a part of the household. The household may receive the LIHEAP benefit amount so long as another household member age eighteen (18) or over continues to reside in the household. **NOTE:** A household with another member between the ages of fifteen (15) and eighteen (18) may also receive the LIHEAP benefit only when there is not another household member over the age of eighteen (18).

This report is not cumulative and is generated weekly by batch process.

### **FEABB430-01 - Processed Application Status**

This report displays the number of applications processed by program type, county and month. This report indicates case status by displaying the number of cases that were eligible, ineligible, direct pay, supplier approved, supplier denials, reapplication and total. Agency totals are recorded at the end of the report. **NOTE:** Numbers will change from week to week as cases are processed.

This is a statistical analysis report used to track trends. Agency managers utilize this report as a tool to review application status and for program planning.

This report is cumulative and is generated weekly by batch process.

### **FEABB455-01 - Registration & Processing Timeframe Summary**

This report is a listing of cases by agency and program type that are processed each week. The reporting period is identified in the heading of the report. It provides a snapshot indicating whether a case was registered within the required three (3) working days and processed within the required thirty (30) calendar days. This report displays applicant name, social security number, date stamp date, registration date, number of days to register, worker User ID from the LIHEAP Registration (E1RG) screen, process date, number of days to process, User ID from the LIHEAP Application (E1AP) screen and LIHEAP Worksheet (E1LW) screen. Agency totals are recorded at the end of the report. **NOTE:** The number of days is calculated based upon the date stamp date which is entered on the LIHEAP Application (E1AP) screen.

Agency managers utilize this report as a tool to review staff productivity by ensuring cases are being registered and processed timely.

This report is not cumulative and is generated weekly by batch process.

### **FEABB455-03 - Processing Timeframe Summary**

This report is a listing of cases by agency, program type and county that are processed for the week as well as processed in the year-to-date for the current LIHEAP season. The dates in which the weekly data are being reported is listed on the report. This report displays the worker's User ID from the LIHEAP Application (E1AP) screen or the LIHEAP Worksheet (E1LW) screen, number of applications processed in the current payroll period, number of applications over the required thirty (30) calendar day processing time and total number of applications processed by county. This report also displays the same data with year-to-date totals, total of processed applications and those over the thirty (30) calendar day timeframe. Agency totals are recorded at the end of the report. **NOTE:** The number of days is calculated based upon the date stamp date which is entered on the LIHEAP Application (E1AP) screen.

Agency managers utilize this report as a tool to identify by worker whether the required thirty (30) calendar day processing timeframes are being met.

This report is not cumulative when recording the weekly data, but the year to date data is cumulative. This report is generated weekly by batch process.



### **FEABB460-01 - Supplier Denial Responses**

This report is a listing of cases by agency, program type and county where the supplier has entered a denial code in response to the Customer Eligibility Listing (CEL). This report displays supplier number and name, customer social security number, name, address, applicant social security number, fuel type, benefit amount, supplier response and the worker's User ID from the LIHEAP Worksheet (E1LW) screen. This report is sorted by supplier. Agency totals are recorded at the end of the report.

The agency worker should work with the supplier to resolve any issues regarding the reason for the denial. Depending on the reason for the supplier denial, the applicant could still be eligible for an EA benefit. The agency worker may need to identify a new supplier, correct an account number or update the applicant's address. The LIHEAP manual Payment Section provides further instruction when a LIHEAP Reset Denied (E1RD) screen remedy may be used for more expedient processing.

This report is not cumulative and is generated weekly by batch process. **NOTE:** The number of cases which are denied in a program year accumulate quickly. This report should be worked consistently throughout the LIHEAP season. FSD LIHEAP staff recommends this report be worked on a weekly basis.

### **FEAMM500-01 – Numeric Participating Supplier List**

This report is a listing of suppliers who have signed a supplier agreement with the State of Missouri for payment reimbursement of one-time Energy Assistance (EA) payments for the program year. The Numeric Participating Supplier List identifies participating suppliers in numerical order. (Each supplier has its own unique number which is referred to as the Supplier Number) This report displays supplier number, supplier name, supplier address, city, state, zip, authorized fuel type, supplier phone number and supplier report method (paper, FTP or web).

Authorized fuel types are:

- 1 = Natural Gas
- 2 = Tank Propane
- 3 = Electric
- 4 = Fuel Oil
- 5 = Wood
- 6 = Kerosene
- 7 = Cylinder Propane

This report is cumulative and is generated monthly by batch process.

### **FEAMM500-02 – Alphabetic Participating Supplier List**

This report is a listing of suppliers who have entered into a supplier agreement with the State of Missouri for payment reimbursement of one-time Energy Assistance (EA) payments for the program year. The Alphabetic Participating Supplier List identifies participating suppliers in alphabetical order. This report displays supplier number, supplier name, supplier address, city, state, zip, authorized fuel type, supplier phone number and supplier report method (paper, FTP or web).

Authorized fuel types are:

- 1 = Natural Gas
- 2 = Tank Propane
- 3 = Electric
- 4 = Fuel Oil
- 5 = Wood
- 6 = Kerosene
- 7 = Cylinder Propane

This report is cumulative and is generated monthly by batch process.

#### **FEAMM672-01 - Assisted Households Associated with Landlords**

This report is a listing of cases by agency, program type and county in which the household is coded as landlord (777777777) on the LIHEAP Application (E1AP) screen. This report displays the applicant name, social security number, mailing address, landlord name and case status. County totals are recorded at the end of each county and agency totals are recorded at the end of the report.

This is a statistical analysis report used to identify the households associated with a landlord. **NOTE:** A landlord household is one in which the landlord sends energy usage billing to the tenant.

This report is cumulative and is generated monthly by batch process.

#### **FEAMM676-01 – Assisted Households Associated with Renters**

This report is a listing of cases by agency, program type and county in which the household is coded as renter (999999999) on the LIHEAP Application (E1AP) screen. This report displays the applicant name, social security number, mailing address, monthly rent, net income, benefit amount, fuel type and landlord name. County totals are recorded at the end of each county and agency totals are recorded at the end of the report.

This is a statistical analysis report used to identify the households associated as a renter situation. **NOTE:** A renter household is one in which the utilities are included in the cost of the rent.

This report is cumulative and is generated monthly by batch process.

#### **FEABB703-01 - Registered Application Count by County**

This report displays the number of applications registered by agency and program type. This report displays the county, month and total applications registered. The total column indicates how many applications are registered in each county during the LIHEAP program year. Agency totals recorded at the end of the report indicate the total registrations each month and the agency total for the LIHEAP program year.

This is a statistical analysis report that identifies trends. Agency managers utilize this report as a tool to track registration counts over the LIHEAP season.

This report is cumulative and is generated weekly by batch process.

### **FEABB705-01 - Pending Application Listing**

This report is a listing by agency and program type which indicates the number of days an application is pending from when the case was registered on the LIHEAP Registration (E1RG) screen. These cases need processing. This report displays applicant name, social security number, LIHEAP Registration (E1RG) screen registration date, number of days the application has been pending, county number and the worker's User ID. These cases drop off the report once they are processed. The most delinquent cases display on top. It does not display in alphabetical order by customer name. Pending applications are grouped by User ID and county. County totals include all pending applications for User ID. The agencies total pending applications are recorded at the end of the report. **NOTE:** A case should be processed within thirty (30) calendar days of the date stamp date, which is found on the LIHEAP Application (E1AP) screen.

Agency managers utilize this report as a tool to review application processing and to identify workers who have delinquent cases to process. Agency managers can easily identify which cases are the most delinquent and ensure these cases are worked as a priority.

This report is cumulative and is generated weekly by batch process.

### **FEABB705-03 - Pending Application Totals**

This report is a listing by program type and agency which indicates the number of applications by county that are pending since the case was registered on the LIHEAP Registration (E1RG) screen. This report displays by county, total number of applications pending over thirty (30) days, over sixty (60) days and over ninety (90) days. This report is in conjunction with the Pending Application Listing - FEABB705-01. Agency totals are recorded at the end of the report.

**NOTE:** A case should be processed within thirty (30) calendar days of the date stamp date which can be found on the LIHEAP Application (E1AP) screen.

Agency managers utilize this report to identify and resolve case processing problems for the agency.

This report is cumulative and is generated weekly by batch process.

### **FEABB706-01 – LIHEAP Duplicate Address Report (Agency)**

This report is a listing by agency of LIHEAP cases in which two (2) or more households received EA at the same address. This report identifies duplicate households reported in the same county and handled by one agency. A weekly tape match is run against the LIHEAP EA system based upon the Code-1 Plus Coding System which is the same system utilized by the United States Postal Service (USPS). The report displays the agency, county, member social security number, member name, address and user ID.

Upon receipt of the report, agency staff should review the LIHEAP Case Notes (E1CN) screen to determine if a new address has been referenced. If this does not provide a

resolution, agency staff should review the LIHEAP Application (E1AP) screen for each of the duplicate households to determine if an address update has been made. If each of the households continues to have a duplicate address, agency staff should contact the applicants and/or supplier to determine the reason for the duplicate address. If the agency makes a determination fraud has occurred, a Claims and Restitution (EA-8) form and supporting documentation should be sent to FSD LIHEAP staff. Documentation to support a duplicate address claim will generally only consist of the EA-8, copy of the LIHEAP application for all households involved, and each household's energy bill(s).

This report is not cumulative and is generated weekly by batch process.

#### **FEABB706-02 – LIHEAP Duplicate Address Report (FSD LIHEAP Staff)**

This report is a listing of LIHEAP cases in which two (2) or more households received EA at the same address. This report identifies duplicate households reported in different counties or agencies. A weekly tape match is run against the LIHEAP EA system based upon the Code-1 Plus Coding System which is the same system utilized by the United State Postal Service (USPS). The report displays the agency, county, member social security number, member name, address and user ID.

Upon receipt of the report, FSD LIHEAP staff review the LIHEAP Case Notes (E1CN) screen to determine if the agency has referenced any address clarifications which could resolve the duplicate address issue. If this does not provide a resolution, FSD LIHEAP staff review the LIHEAP Application (E1AP) screen for each of the duplicate households to determine if an address update has been made. If each of the households continues to have a duplicate address, the FSD LIHEAP staff will send a Duplicate Address Listing to the agency. Since this report identifies addresses in multiple agencies, FSD LIHEAP staff sends the inquiry to the agency who handles the county which appears when Code -1 Plus Coding is accessed. Should the duplicate address appear in two counties, both served by the same agency, Code-1 Plus Coding is not accessed by FSD LIHEAP staff. The agency makes a determination whether fraud has occurred and if so, sends FSD LIHEAP staff a Claims and Restitution (EA-8) form and documentation to support the claim. Documentation to support a duplicate address claim will generally only consist of the EA-8, copy of the LIHEAP application for all households involved, and each household's energy bill(s).

This report is not cumulative and is generated weekly by batch process.

#### **FEAMM801-01 - LIHEAP Statistics**

This report is a listing by agency and program type of LIHEAP statistics based upon cases that are processed in the LIHEAP system. This report displays by county the total applications processed, total cases that have a re-application completed, total amount of EA benefits paid, case category (A, B or C) and number of assisted households. This report also displays the number of cases that did not receive EA benefits based upon ineligibility or supplier denial, applicants number of cases that applied for EA with a service threat or terminated services, applicants who are elderly/disabled, applicants in a landlord household, renter household and the amount of any Claims and Restitution (CARS) recouped by the State of Missouri.

This is a statistical analysis report used to track trends. Agency managers utilize this report to determine possible under-served populations and to track money paid and recovered.

This report is cumulative and is generated monthly by batch process.

#### **FEABB802-01 – Comparative Analysis Report**

This report displays by agency and county a comparison of the previous Federal Fiscal Year (FFY) applications processed, registrations and pending percentages with the current FFY. The report displays the total number of applications processed in the previous FFY, the number of applications registered as of the same week in the previous FFY, number of registrations registered as of the current FFY, total applications processed in the previous FFY for the same week, the total number of applications processed for the current FFY, the percentage of pending applications for the same week in the previous FFY and the percentage of pending applications for the same week in the current FFY. This report displays the statistics for every agency.

This is a statistical analysis report used to track trends. Agency managers utilize this report to compare their agency's productivity in the current FFY in comparison to what their production was in the previous FFY.

This is a cumulative report and is generated weekly by batch process.

#### **FEABB803-01 – EA Expenditure Comparison Report**

This report is a comparison of statewide EA statistics from the previous FFY to statistics from the current FFY. This report displays a weekly comparison by processing date of total applications processed in the previous FFY, total applications processed in the current FFY, the percentage of applications compared between the previous and current FFY, total number of paid households for the previous FFY, the total number of households paid for the current FFY, the percentage of households paid between the previous and current FFY, the previous FFY year-to-date payments, the current FFY payments including supplemental totals, the percentage of year-to-date payments between the previous and current FFY, the previous FFY average payment amount, the current FFY average payment amount, the previous FFY number of applications pending, and the current FFY applications pending as of each week.

This is a statistical analysis report used to track trends. Agency managers utilize this report to compare statewide statistics in the current FFY to the statistics from the previous FFY.

This is a cumulative report and is generated weekly by batch process.

#### **FEABB805-01 – Weekly Registration Counts by Agency/County**

This report lists the number of applications registered each week by agency and program type. This report displays date, county, and number of registered applications. The agency total column indicates how many applications are registered each week. The report also provides a weekly average by count of registered cases.

This is a statistical analysis report used to track trends. Agency managers utilize this report as a tool to track registration counts by the week.

This report is cumulative and is generated weekly by batch process.

### **FEABB807-01- Unverified SSN Report**

This report is a listing by agency of household members whose social security number returns as unverified. A weekly tape match is run against the Social Security Administration's (SSA) database to determine if the name, date of birth, and social security number agree with the SSA records. Social security numbers will be identified as unverified based on one (1) of the following six (6) verify codes:

- 1 = SSN not in file;
- 3 = Surname matched but DOB did not match NUMIDENT;
- 5 = Surname or given name does not match; DOB was checked;
- \* = Input SSN was not verified;
- & = SVES. Multiple SSNs (up to 5) are provided for previously issued SSNs to Individuals; or
- = Same as [BLANK], did not make it to verification process.

This report displays the agency, county, social security number, verify code, program type, member name, and applicant social security number.

FSD LIHEAP staff access available resources to identify the reason(s) for the unverified social security number and resolve many without requesting assistance from the agency. For those unverified social security numbers FSD LIHEAP staff are unable to resolve, an Unverified SSN Listing is sent to the agency by email for assistance and necessary documentation to resolve the error. When the unverified social security number has been resolved, either within their office or through the assistance of the agency, FSD LIHEAP staff correct the problem by completing a refresh on the LIHEAP Member Refresh (E1MR) screen and make a note on the LIHEAP Case Note (E1CN) screen.

This report is not cumulative and is generated weekly by batch process.

### **FEAMM903-01 - Service Threatened or Terminated**

This report is a listing of cases by agency and program type which indicate whether a household has services threatened or terminated on the LIHEAP Application (E1AP) screen. This information is recorded based on applicant statement or when a disconnect or termination notice is included with an application. This report displays number of households by county and month with service threatened, number of households with service terminated and provides a total of the two (2). Agency totals are recorded at the end of the report.

This is a statistical report which assists in identifying trends in counties that each agency serves.

This report is cumulative and is generated monthly by batch process.

### **FEAMM916-01 - Category Cases by County**

This report is a listing by agency and program type of approved cases by county and category (A, B or C). This report displays number of cases approved by category and total payments (dollars spent) in each county within each category. Agency totals are recorded at the end of the report.

This is a statistical report which assists in identifying trends in the number of approved cases by category and determines where the need is.

This report is cumulative and is generated monthly by batch process.

### **FEAMM917-01 - Ineligible Application and Supplier Denial Count**

This report is a listing by agency and program type of ineligible and denied cases by county and reason for the status determination (excess income, documentation not provided, excess resources, supplier denial response, other) and provides a total number of cases which are ineligible or denied.

This is a statistical report which assists in identifying trends in the number of ineligible and denied cases and the reasons cases were not approved.

This report is cumulative and is generated monthly by batch process.

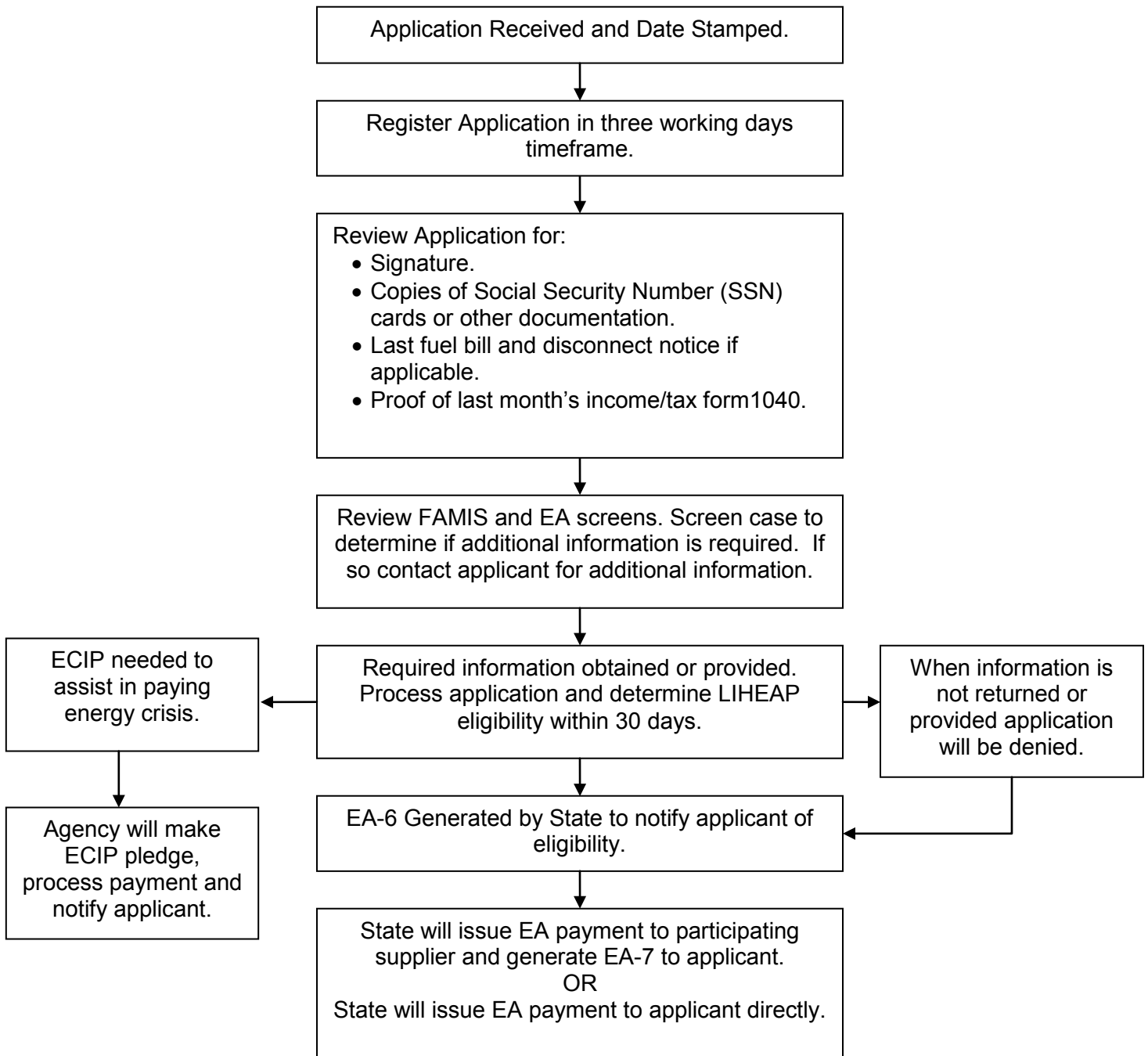
### **FEAMM918-01 – CSBG IS Report**

This report is a listing by agency of Energy Assistance (EA) applications made and number of households assisted by specific categories which are required for the Community Services Block Grant (CSBG) annual Information Systems (IS) federal report. This report displays by county, CSBG IS National Performance Indicator (NPI) number and description. The NPIs are as follows:

<u>NPI</u>	<u>Description</u>
1.2J	– Other work Support;
6.1A	– Elderly;
6.1B	– Disabled 0-17;
6.1B	– Disabled 18-54;
6.1B	– Disabled over 55; and
6.4G	– Elderly and Disabled

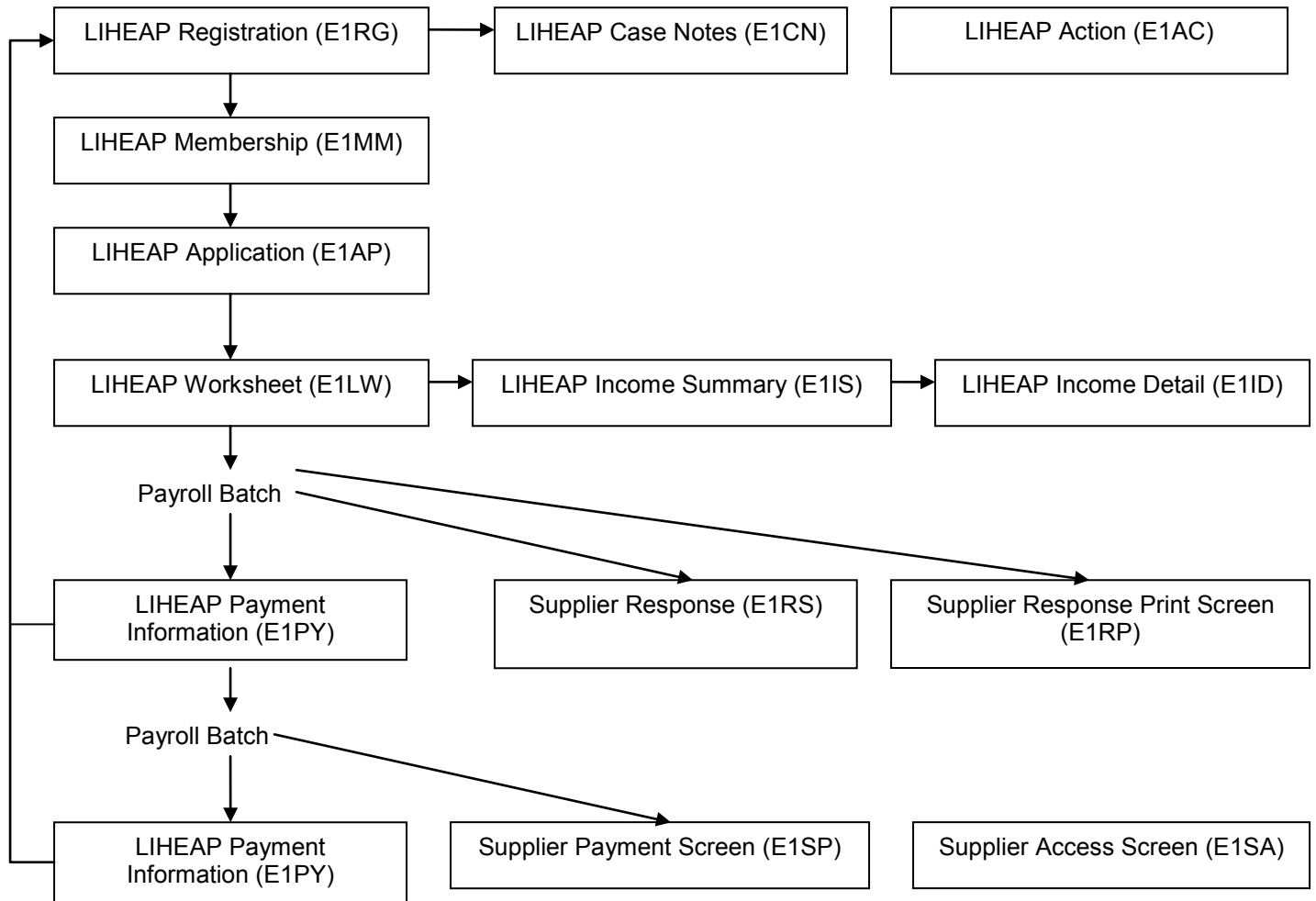
This report includes agency totals for each NPI. This report is to be used in reporting non-emergency energy assistance information for the CSBG IS report.

This report is cumulative and is generated monthly by batch process.

**PROCESS OVERVIEW FLOW CHART**



# LIHEAP ENERGY ASSISTANCE SYSTEM OVERVIEW FLOW CHART



**COUNTY CODES**

001	Adair	041	Harrison	081	Phelps
002	Andrew	042	Henry	082	Pike
003	Atchison	043	Hickory	083	Platte
004	Audrain	044	Holt	084	Polk
005	Barry	045	Howard	085	Pulaski
006	Barton	046	Howell	086	Putnam
007	Bates	047	Iron	087	Ralls
008	Benton	048	Jackson	088	Randolph
009	Bollinger	049	Jasper	089	Ray
010	Boone	050	Jefferson	090	Reynolds
011	Buchanan	051	Johnson	091	Ripley
012	Butler	052	Knox	092	St. Charles
013	Caldwell	053	Laclede	093	St. Clair
014	Callaway	054	Lafayette	094	St. Francois
015	Camden	055	Lawrence	095	Ste. Genevieve
016	Cape Girardeau	056	Lewis	096	St. Louis County
017	Carroll	057	Lincoln	097	Saline
018	Carter	058	Linn	098	Schuyler
019	Cass	059	Livingston	099	Scotland
020	Cedar	060	McDonald	100	Scott
021	Chariton	061	Macon	101	Shannon
022	Christian	062	Madison	102	Shelby
023	Clark	063	Maries	103	Stoddard
024	Clay	064	Marion	104	Stone
025	Clinton	065	Mercer	105	Sullivan
026	Cole	066	Miller	106	Taney
027	Cooper	067	Mississippi	107	Texas
028	Crawford	068	Moniteau	108	Vernon
029	Dade	069	Monroe	109	Warren
030	Dallas	070	Montgomery	110	Washington
031	Daviess	071	Morgan	111	Wayne
032	DeKalb	072	New Madrid	112	Webster
033	Dent	073	Newton	113	Worth
034	Douglas	074	Nodaway	114	Wright
035	Dunklin	075	Oregon	115	St. Louis City
036	Franklin	076	Osage		
037	Gasconade	077	Ozark		
038	Gentry	078	Pemiscot		
039	Greene	079	Perry		
040	Grundy	080	Pettis		

## DEPARTMENTAL CLIENT NUMBER (DCN) ASSIGNMENT

Three individuals within each agency are designated to assign DCN's. These individuals will review the applicant information to determine whether the member already has a DCN prior to assigning another one in the Department of Social Services (DSS) Common Client Data Update screen. **NOTE:** Every member must have an assigned DCN in the DSS Common Client Data Update screen which is many times referred to as the "DCN Common Area".

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

Department Client Number(DCN)

**Client Search**

Please enter the nine digit Social Security Number  
or the Name, Gender & Date of Birth for the person you are searching for

System Code :

Social Security Number:

Individual Name (Last):

(First):

(Middle):

(Suffix):

Gender: --Choose--

Birth Date:  (MMDDCCYY - 12312002)

Wide Search: No ☐ Yes ☐

**S005: ENTER FIELDS.**

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

DCN1022A Tuesday, August 30, 2011 9:48:46 AM

### SEARCHING THE DCN COMMON AREA

1. Click the Client Search (SCLR) Link.
2. Type EA in System Code.
3. Type member SSN (if known).
4. Type member Last Name, First Name.
5. Type member Middle Name or Initial (if known).
6. Leave Suffix blank.
7. Select the Gender drop down box and select male or female for the member.
8. Type member Date of Birth (MMDDCCYY – 12312002). **NOTE:** Date of Birth is required when assigning a DCN.
9. Click on YES in the Wide Search field.
10. Click SUBMIT.

If after conducting the WIDE SEARCH, the screen displays the message “NO DATA FOUND” or if the individual is not found, a DCN must be assigned for the member.

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

Department Client Number(DCN)

**Wide Search**

Please enter the search year.

Search Year: 1962

Yr(S) Searched 1964 1962

Last Name:	DCN	Name	First Int:	Gender:	R/S	DOB	SSN	VER
MULLIGAN		MILLIGAN JANICE A	J	F	1F	09/23/1962		

**S008: END OF DATA.**

Search Client Search(SCLR) Assign DCN

Click on the button before the DCN for "Participation Search(SPAP)"

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAP\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

(DCN1035A) Tuesday, July 24, 2012 2:21:19 PM

mo.gov | Privacy Policy | Accessibility | Governor Jay Nixon | State agencies | Online Services

Internet 100%

### ASSIGNING DCN:

1. Click on ASSIGN DCN.
2. The ETHNICITY, RACE & LANGUAGE PROFICIENCY (ADD) PROCESS will display.

**Missouri Department of Social Services**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

### Ethnicity, Race & Language Proficiency ( ADD ) Process

See message below and respond appropriately

DCN: \_\_\_\_\_

Name: MULLIGAN JANE

R/G: F DOB: 04/18/1963 SSN: -- VER: \_\_\_\_\_

**Ethnicity**  
HISPANIC/LATINO No ☒ Yes ☐ Unknown ☐

**Race** (check all appropriate values)  
☐ 1-White ☐ 2-Black African/American ☐ 4-American Indian/Alaskan ☐ 4A-Federally Recognized Tribe  
☐ 5-Asian ☐ 6-Native Hawaiian/Pacific ☐ U-Unable to Determine

**Language proficiency**

NO Confirm Selections:

S001: ENTER ALL APPLICABLE RESPONSES.

|

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

(DCN1031A) Tuesday, July 24, 2012 2:26:18 PM

Internet Change zoom level

#### ADDING DCN - ETHNICITY, RACE & LANGUAGE PROFICIENCY (ADD) PROCESS SCREEN:

1. Ethnicity HISPANIC/LATINO defaults to NO. If the member is HISPANIC/LATINO click on YES. If the data is not available, click on UNKNOWN.
2. Click on appropriate value for RACE.
3. Click on LANGUAGE PROFICIENCY from the drop down box and select the language for the member.
4. Click on SUBMIT. The system will respond requesting that you confirm your selection by entering "YES" in the CONFIRM SELECTIONS field.
5. Type YES in CONFIRM SELECTIONS field.
6. Click on SUBMIT. The system will now display the DCN ASSIGNMENT screen.

Missouri Department of  
**SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

### Ethnicity, Race & Language Proficiency ( ADD ) Process

See message below and respond appropriately

DCN:  
**Name** R/G DOB SSN VER  
MULLIGAN JANE 1/F 04/18/1963 --

**Ethnicity**  
HISPANIC/LATINO No ☒ Yes ☐ Unknown ☐

**Race** (check all appropriate values)  
☒ 1-White ☐ 2-Black African/American ☐ 4-American Indian/Alaskan ☐ 4A-Federally Recognized Tribe  
☐ 5-Asian ☐ 6-Native Hawaiian/Pacific ☐ U-Unable to Determine

**Language proficiency** A - English

**NO** Confirm Selections:

S001: ENTER ALL APPLICABLE RESPONSES

SUBMIT | RETURN (SCLR)

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

(DCN1031A) Tuesday, July 24, 2012 2:27:58 PM

#### VERIFY INFORMATION TO ASSIGN DCN:

1. The message "Enter YES to assign a new DCN" will display.
2. Review the data for accuracy before assigning a DCN.
3. If any data is incorrect or incomplete, click on the Client Search (SCLR) Link at the bottom of the screen. This will start the process over to correct or add data. **NOTE:** The DCN assignment fields are protected and can not be changed on the assignment screen. The search will be repeated before the DCN assignment will be documented.
4. Type YES in the VERIFY FLAG field once all data is correct.
5. Press SUBMIT. You will receive the message "DCN ASSIGNED"
6. Print the screen for the DCN file.
7. Complete member registration on the E1RG screen.



**Missouri Department of  
SOCIAL SERVICES**

Jay Nixon, Governor  
Brian Kinkade, Interim Director

### DCN Assignment

Enter "Yes" to assign a new DCN

DCN Assigned:  
System Code: EA  
NAME (Last): MULLIGAN  
(First): JANE  
(Middle):  
(Suffix):  
Race: 1  
Gender: F  
Birth Date: 04/18/1963  
SOC. SEC. NO.: --  
Verify Flag: ☐  
Select:

**S010: VERIFY TO ASSIGN DCN.**

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)  
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)  
[Update Client Information\(SUPD\)](#)  
[LIHEAP Registration\(E1RG\)](#)

(DCN1034A) Tuesday, July 24, 2012 2:29:18 PM

Done Internet 100%

**FY13 INCOME RANGES AND BENEFIT AMOUNTS**

HOUSEHOLD SIZE	MONTHLY INCOME AMOUNTS					
	A 0%-25%	B 26%-50%	C 51%-75%	D 76%-100%	E 101%-125%	F 126%-135%
1	0-233	234-465	466-698	699-931	932-1,164	1,165-1,257
2	0-315	316-630	631-946	947-1,261	1,262-1,576	1,577-1,702
3	0-398	399-795	796-1,193	1,194-1,591	1,592-1,989	1,990-2,148
4	0-480	481-960	961-1,441	1,442-1,921	1,922-2,401	2,402-2,593
5	0-563	564-1,125	1,126-1,688	1,689-2,251	2,252-2,814	2,815-3,039
6	0-645	646-1,290	1,291-1,936	1,937-2,581	2,582-3,226	3,227-3,484
7	0-728	729-1,455	1,456-2,183	2,184-2,911	2,912-3,639	3,640-3,930
8	0-810	811-1,620	1,621-2,431	2,432-3,241	3,242-4,051	4,052-4,375
9	0-893	894-1,785	1,786-2,678	2,679-3,571	3,572-4,464	4,465-4,821
10	0-975	976-1,950	1,951-2,926	2,927-3,901	3,902-4,876	4,877-5,266
11	0-1,058	1,059-2,115	2,116-3,173	3,174-4,231	4,232-5,289	5,290-5,712
12	0-1,140	1,141-2,280	2,281-3,421	3,422-4,561	4,562-5,701	5,702-6,157
13	0-1,223	1,224-2,445	2,446-3,668	3,669-4,891	4,892-6,114	6,115-6,603
14	0-1,305	1,306-2,610	2,611-3,916	3,917-5,221	5,222-6,526	6,527-7,048
15	0-1,388	1,389-2,775	2,776-4,163	4,164-5,551	5,552-6,939	6,940-7,494
16	0-1,470	1,471-2,940	2,941-4,411	4,412-5,881	5,882-7,351	7,352-7,939
17	0-1,553	1,554-3,105	3,106-4,658	4,659-6,211	6,212-7,764	7,765-8,395
18	0-1,635	1,636-3,270	3,271-4,906	4,907-6,541	6,542-8,176	8,177-8,830
19	0-1,718	1,719-3,435	3,436-5,153	5,154-6,871	6,872-8,589	8,590-9,276
20	0-1,800	1,801-3,600	3,601-5,401	5,402-7,201	7,202-9,001	9,002-9,721

FUEL TYPE	A	B	C	D	E	F
1. NATURAL GAS	\$296	\$278	\$259	\$240	\$221	\$203
2. TANK PROPANE	\$450	\$413	\$375	\$338	\$300	\$263
3. ELECTRIC	\$289	\$270	\$251	\$233	\$214	\$195
4. FUEL OIL	\$296	\$278	\$259	\$240	\$221	\$203
5. WOOD	\$199	\$180	\$161	\$143	\$124	\$105
6. KEROSENE	\$139	\$120	\$101	\$83	\$64	\$45
7. CYL. PROPANE	\$161	\$143	\$124	\$105	\$86	\$68



**CODE SHEET****DENIAL CODES****A**=Excess Income**B**=Income Documentation Not Provided**C**=Supplier Documentation Not Provided**D**=SSN Documentation Not Provided**E**=Customer Account Name Change  
Not Completed**F**=Resource Documentation Not Provided**G**=Application Form Not Signed and Returned**H**=Household Management Not Explained For Low/No Income**I**= Permanent Residency Documentation  
Not Provided**J**=Excess Resources**K**=Negative Supplier Response (**Central Office Only**)**L**=Not Living In Home At Time of Application**M**=Living In Subsidized Housing and Not Billed for Heat**N**=Cuts Own Wood**O**=Heats with Coal**P**= Roomer, Boarder or Live-In Attendant**Q**= Incarcerated**R**= Not a U. S. Citizen or Permanent  
Resident Alien**S**=Landlord Form Not Provided**T**= Other**RACE CODES****1**= Natural Gas**2**= Tank Propane**3**= Electric**4**= Fuel Oil**5**= Wood**6**= Kerosene**7**= Cylinder Propane**1**=White**2**=Black**3**=Hispanic**4**=Native Amer.**5**=Asian/Pac.**8**=Other**SEX CODES****M**=Male**F**=Female**DIRECT CLIENT PAYMENT CODES****0's**=Non-Participating Energy Supplier**2's**=Cylinder Propane**5's**=Supplier Responded "No" or failed to  
return CEL by due date**6's**=Kerosene**7's**=Landlord Situation**8's**=Wood**9's**=Renter Situation**RELATIONSHIP**

Applicant

Spouse

Member

**2012-2013 ELIGIBILITY / PAYROLL SCHEDULE****E1RS Transaction  
Customer Eligibility Listing Dates****E1SP Transaction  
Supplier Payment Dates**

10-05-12 .....	10-15-12 1 <sup>st</sup> Direct Payments
10-12-12 .....	10-19-12 1 <sup>st</sup> Supplier Payments
10-19-12 .....	10-26-12
10-26-12 .....	11-02-12
11-02-12 .....	11-09-12
11-09-12 .....	11-19-12
11-16-12 .....	11-26-12
11-23-12 .....	11-30-12
11-30-12 .....	12-07-12
12-07-12 .....	12-14-12
12-14-11 .....	12-21-12
12-21-12 .....	12-31-12
12-28-12 .....	01-07-13
01-04-13 .....	01-11-13
01-11-13 .....	01-18-13
01-18-13 .....	01-28-13
01-25-13 .....	02-01-13
02-01-13 .....	02-08-13
02-08-13 .....	02-19-13
02-15-13 .....	02-25-13
02-22-13 .....	03-01-13
03-01-13 .....	03-08-13
03-08-13 .....	03-15-13
03-15-13 .....	03-22-13
03-22-13 .....	03-29-13
03-29-13 .....	04-05-13
04-05-13 .....	04-12-13
04-12-13 .....	04-19-13
04-19-13 .....	04-26-13
04-26-13 .....	05-03-13
05-03-13 .....	05-13-13
05-10-13 .....	05-17-13
05-17-13 .....	05-24-13
05-24-13 .....	06-03-13
05-31-13 .....	06-07-13
06-07-13 .....	06-14-13
06-14-13 .....	06-21-13
06-21-13 .....	06-28-13

**Customer Eligibility Listing (CEL)/Payment Procedures Overview**

MONDAY – CEL made available electronically on web and to File Transfer Protocol (FTP) suppliers.



TUESDAY – CEL mailed to suppliers that do not utilize the web site or FTP.



MONDAY-FRIDAY – Suppliers determine the response for each applicant and notify FSD through the web process, FTP process or they mail/fax paper reports to FSD for entering. All eligibility listings that are received by FSD 8:00 A.M. Monday through 5:00 P.M. Friday are entered and will update in the system over the weekend. The deadline for FTP eligibility files is noon on Wednesday and Friday.



FRIDAY - Payrolls produced and mailed or sent through direct deposit/Automatic Clearinghouse (ACH) transfers to suppliers.

If CEL's are entered or faxed to the state office in the week they are received, a check will be produced the following Friday after weekend processing, resulting in a two week turnaround for payment.

For some customers, credits, debits and refunds are processed. The supplier should contact FSD if they have any questions about payments or missing payroll checks.

## SCREEN INDEX

SCREEN ID	SCREEN NAME	PURPOSE OF SCREEN
E1AC	LIHEAP Action Screen	Displays actions taken on a case.
E1AP	LIHEAP Application	Records date stamp (date application received at agency), household and primary/secondary supplier information, and applicant signature date. Records landlord/renter data as applicable.
E1BE	LIHEAP Supplier Email Search	Searches Supplier by email address. Access restricted to the FSD LIHEAP.
E1CA	LIHEAP CAA Information	Displays address, phone number, email, Central Office address and name of Executive Director for each CAA or agency.
E1CD	LIHEAP Credit/Debit/Refund	Records a credit, debit or refund. Access restricted to the FSD LIHEAP
E1CM	LIHEAP Code Master	Displays code groups and tables used for LIHEAP system. Access restricted to the FSD LIHEAP.
E1CN	LIHEAP Case Notes	Records and updates notes regarding case activity.
E1CO	LIHEAP County Information	Displays agency information (mailing and e-mail addresses), County Outreach Office, return mail-out address and email address for reports for the selected county.
E1DR	LIHEAP Delete Registration	Deletes a registration that was entered in error due to wrong/transposed number or duplicated households. Access restricted to agency Managers and the FSD LIHEAP.
E1ES	LIHEAP Employment Security	Displays member's employment wages and unemployment from the Division of Employment Security.
E1FM	LIHEAP FAMIS Interface Tracking Menu	Displays the FAMIS data used to calculate the LIHEAP worksheet. Access restricted to the FSD LIHEAP.
E1HT	LIHEAP Worksheet History Details	Displays the history of the income details for each household member used to determine eligibility for past verified LIHEAP worksheets.

<b>SCREEN ID</b>	<b>SCREEN NAME</b>	<b>PURPOSE OF SCREEN</b>
E1ID	LIHEAP Member Income Detail	Records a case member's earnings and deductions by source, frequency and amount.
E1IR	LIHEAP Income Ranges and Benefit Amounts	Displays EA benefit amount based upon income, number of household members and fuel type.
E1IS	LIHEAP Income Summary	Displays earned and unearned income and deductions for each household member. Provides link to E1ID (LIHEAP Member Income Detail screen).
E1LW	LIHEAP Worksheet	Displays income calculation that determines EA benefit amount. Displays case category, resource and CARS amount, EA benefit, primary/secondary supplier and renter information. Allows entry of ECIP and other payments. Provides link to E1IS (LIHEAP Income Summary screen).
E1MM	LIHEAP Member	Records household members, member demographics, account holder, CARS recoupment and landlord/renter status.
E1MR	LIHEAP Member Refresh From Common Area	Queries the common area when an update/correction has been made and brings this new information over to the LIHEAP system. Access restricted to agency Managers and the FSD LIHEAP.
E1NA	LIHEAP New Applicant	Switches the role type of the applicant and a household member on the LIHEAP Member (E1MM) screen. Access restricted to agency Managers and the FSD LIHEAP.
E1NS	LIHEAP Name Search	Locates a case by member name.
E1PN	LIHEAP Pending Registrations	Displays total number of pending registrations by agency, County and Statewide. Access restricted to agency Managers and the FSD LIHEAP.
E1PP	LIHEAP Supplier Outstanding Responses	Tracks whether a supplier has any pending customer eligibility listings (CEL) awaiting response. Access restricted to web-based suppliers and the FSD LIHEAP.
E1PY	LIHEAP Payment Information	Displays payment, credit, debit and refund information. Also summarizes information from E1AP and E1LW (household composition, supplier data, income, etc.).

<b>SCREEN ID</b>	<b>SCREEN NAME</b>	<b>PURPOSE OF SCREEN</b>
E1RC	LIHEAP Supplier Notes	Records notes relating to calls from and to suppliers or to document payment issues. Access restricted to the FSD LIHEAP.
E1RD	LIHEAP Reset Denied Status	Resets a supplier denied case when the case was denied based upon supplier number, energy source or applicant account number. Access restricted to agency Managers and the FSD LIHEAP.
E1RG	LIHEAP Registration	Registers the applicant.
E1RP	LIHEAP Supplier Response Print	Displays the customers listed on a customer eligibility listing (CEL) for a supplier by notification date, as well as the supplier's response. Once the supplier's response is entered, a supplier cannot change a response unless it is in same week as initial response entry. Access restricted to web-based suppliers and the FSD LIHEAP.
E1RS	LIHEAP Supplier Response Page	Records supplier responses upon receipt of the customer eligibility listing (CEL). Can be viewed after responses have been entered. Access restricted to web-based suppliers and the FSD LIHEAP.
E1SA	LIHEAP Supplier Access Screen	Displays customer name, customer account number, customer address, energy source, application registration date and indicates whether case is a re-application. Also displays case status, notified date, supplier number, supplier name, supplier response, amount paid, check date and check number. Access restricted to participating suppliers and the FSD LIHEAP.
E1SD	LIHEAP Supplier Detail	Displays supplier name, address, phone number, fax number, email address, supplier number, media type (FTP, Web or Paper), fuel types and name of contact person.
E1SE	LIHEAP Supplier Email	Displays the email addresses associated with a supplier. Access restricted to the FSD LIHEAP.

SCREEN ID	SCREEN NAME	PURPOSE OF SCREEN
E1SI	LIHEAP SSA Benefits Screen	Accesses the social security income data requested from E1SN (LIHEAP SSN Request screen). <b>NOTE:</b> There is a three day wait to access this data after E1SN has been entered.
E1SN	LIHEAP SSN Request	Requests social security income data using an applicant's Social Security Number (SSN) or Departmental Client Number (DCN). Requests take three days to process.
E1SP	LIHEAP Supplier Payment Inquiry	Displays all customers and their individual EA benefit amount included on a supplier's payment (check date). Access restricted to web-based suppliers and the FSD LIHEAP. <b>NOTE:</b> Z= direct deposits and L = paper check.
E1SS	LIHEAP Supplier Name Search	Displays supplier name, supplier number, phone and fax numbers and email address. Provides a DETAILS button to access E1SD (LIHEAP Supplier Detail screen).
E1ST	LIHEAP Payroll Statistics	Displays current and year-to-date payroll, case status, applications processed and CARS statistics. Access restricted to agency Managers and the FSD LIHEAP.
E1UA	LIHEAP Usage Inquiry By Applicant	Displays actual usage data for an applicant. Access restricted to web-based suppliers and the FSD LIHEAP.
E1UD	LIHEAP Usage Data	Records usage data for EA customers. Access restricted to web-based suppliers and the FSD LIHEAP.
E1UP	LIHEAP Usage Statistics and Selection Parameters	Pulls a random sample of chosen suppliers and displays customer total numbers and payment information based on media and fuel types. Access restricted to the FSD LIHEAP.
E1UR	LIHEAP Usage Summary Review	Displays the suppliers selected for usage monitoring for a particular Media/Fuel Type. Access restricted to the FSD LIHEAP.
E1US	LIHEAP Usage Summary By Supplier	Displays information for an individual supplier selected for usage monitoring. Access restricted to the FSD LIHEAP.

<b>SCREEN ID</b>	<b>SCREEN NAME</b>	<b>PURPOSE OF SCREEN</b>
E1WH	LIHEAP Worksheet History Menu	Displays the history of all verified LIHEAP worksheets. Provides a link to E1HT (LIHEAP Worksheet History Details).
EHST	Energy Assistance Client Inquiry History Payment Data	Displays household, eligibility and payment information from the FFY 08 LIHEAP season only.
S019	DCN Search	Locates a member and their demographics by use of a member's Departmental Client Number (DCN).
S024	Social Security Number Search	Locates or determines if a member is already in the system with an assigned Departmental Client Number (DCN) by use of a member's Social Security Number (SSN).
SCLR	Client Search	Searches to determine if a member has a Departmental Client Number (DCN) in the common area or whether a DCN needs to be assigned in the common area.



## FAMIS SCREEN INDEX

SCREEN NAME	PURPOSE OF SCREEN
Energy Assistance/FAMIS Eligibility Unit Summary	Displays FAMIS information for the Eligibility Unit (EU) of the programs chosen to review from the Energy Assistance/FAMIS Program Participation screen. Displays EU status, application date, and EU members (listing name, date of birth, role, reason if excluded, DCN and role begin date)
Energy Assistance/FAMIS Program Participation	Displays a listing of FAMIS Program Eligibility Units (EUs) that include an individual accessed through a Participation Search on the S019 or S024 screens (lists EU, EU status, client status, duplicate DCN issue, Supercase number, FSD office where case is located and case load number). The EU column lists the programs the individual is/has been included in. This is indicated by the first two letters of the EU case number (CC – Child Care, FS – Food Stamps, MA – Medical Assistance, TA – Temporary Assistance). The links provided in the EU column connect to the Energy Assistance/FAMIS Eligibility Unit Summary screen for the chosen program. The links provided in the SuperCase Number column connect to the Energy Assistance/FAMIS Supercase Member List.
Energy Assistance/FAMIS Supercase Member List	Displays a listing of individuals in the household associated with the Supercase number chosen to review from the Energy Assistance/FAMIS Program Participation screen. Displays an individual's name, DCN, SSN, date of birth, race and sex. Provides a link to the Energy Assistance/FAMIS TA Payment History screen. <b>NOTE:</b> This screen can be used to document SSN's.
Energy Assistance/FAMIS TA Payment History	Displays the Temporary Assistance (TA) payment history for a TA EU. Lists the benefit month, issuance date and number, payroll type, gross amount, recoup amount and net amount. Use this screen to document TA unearned income.

## **LIHEAP CASE FILE DOCUMENTATION**

Case files for households applying for LIHEAP should include the original application as well as documentation used to support an applicant's eligibility determination.

Documentation must be in one of the following formats:

- An agency photocopy of an original source documentation (ex: an agency photocopy of an INS form I-94 supplied by an applicant is acceptable; a photocopy of an I-94 photocopy supplied by an applicant is not acceptable);
- Computer printouts from FSD and supplier data bases; or
- Verbal recording on LIHEAP Case Notes screen (E1CN) as specified in policy.

Documentation needed for the case file as well as auditing purposes, include the following:

### General Documentation:

- LIHEAP Application(s) [Include Re-applications];
- Fuel Bill(s)- Only those that support payments(s) made;
  - Verbal Documentation – Must provide proof of verification date or;
  - LIHEAP Payment Information (E1PY) screen from previous program year

### Demographic Documentation:

- SSN verification:
  - SSN cards;
  - FSEU Supercase screen;
  - Driver's license; or,
  - Other acceptable documentation per policy
- Citizenship/Alien Permanent Residency status verification – if citizenship is not indicated on application)
- Disability status:
  - Award letter;
  - IM screens;
  - FAMIS screens; or,
  - Other acceptable documentation per policy

### Income Documentation:

- For A Cases:
  - FAMIS Food Stamp Budget Summary for ECIP approvals not based on original EA eligibility
- For B and C Case Members not on FSEU:
  - FAMIS Food Stamp Budget Summary for ECIP approvals not based on original EA eligibility;
  - Earned Income (pay stubs, letter from employer);
  - Unearned Income (Social Security Award Letter, Employment Security screens, etc.); and/or
  - Child Support.

### Other Documentation:

- Landlord/Renter Documentation Request form (EA-1E)

- Resource Verification
- CARS Referral (EA-8) (if applicable)

#### ECIP Documentation:

- Documentation of Crisis
  - Actual disconnect notice date stamped; or,
  - Verbal Documentation from supplier recorded on E1CN
- ECIP Client Payment Notification Letter. **NOTE:** Not required for the case file, but must be produced when a LIHEAP case file is being monitored for compliance.

#### Selected Audit Cases:

For independent auditor reviews, the agency will need to print the following, for purposes of documenting timeframes, income and eligibility determination:

- LIHEAP Member (E1MM) screen;
- LIHEAP Application (E1AP) screen;
- LIHEAP Payment Information (E1PY) screen;
- LIHEAP Worksheet (E1LW) screen;
- LIHEAP Member Income Detail (E1ID) screen;
- LIHEAP Worksheet History (E1WH) screen (when applicable);
- LIHEAP Action (E1AC) screen; and
- LIHEAP Case Notes (E1CN) screen – any notes that include information regarding timeframes and documentation issues.

#### Review Tips:

- Use the LIHEAP Action (E1AC) and LIHEAP Payment Information (E1PY) screens to assist with reviews.
- Review the following "LIHEAP Review Form" used by FSD LIHEAP staff for monitoring LIHEAP cases to note how information from a LIHEAP Case File is utilized to determine policy compliance and benefit accuracy.

MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT DIVISION LIHEAP REVIEW FORM				REVIEWER NAME	EA ECIP BOTH EMERGENCY SERVICES: Y / N	
AGENCY	COUNTY	REVIEW DATE	APPLICANT NAME	APPLICANT SSN	WORKER NAME (EILW)	
APPLICATION STAMP DATE	REGISTRATION DATE (FROM EIAC) IF OCT: - DOES HH QUALIFY AS ELDERLY/DISABLED? YES NO		TIMEFRAME < 3 WORKING DAYS (EIAC)		YES	NO
RE-APPLICATION STAMP DATE	RE-APPLICATION REGISTRATION DATE (FROM EIAC)		TIMEFRAME < 3 WORKING DAYS (EIAC)		YES	NO
RE-APPLICATION STAMP DATE	RE-APPLICATION REGISTRATION DATE (FROM EIAC)		TIMEFRAME < 3 WORKING DAYS (EIAC)		YES	NO
<b>LIHEAP ELIGIBILITY DETERMINATION</b>						
APPLICANT SIGNATURE:			SERVICE STATUS: (CIRCLE ONE)		NOT IN CRISIS	THREAT TERMINATED
ALL HH MEMBERS RECORDED ON EIMM:			YES		NO	
NUMBER OF MEMBERS IN HOUSEHOLD:			YES		NO	
U.S. CITIZEN :			YES		NO	
SSN DOCUMENTED FOR ALL HOUSEHOLD MEMBERS:			YES		NO	
AGE > 65: (CIRCLE ONE)			NO		YES	NO
DISABILITY: (CIRCLE ONE)			NO		YES	NO
HOME OWNER: YES NO / EIAP AGREES WITH APPLICATION?			YES		NO	
HOME WX: YES NO / EIAP AGREES WITH APPLICATION?			YES		NO	
DOCUMENTED PRIMARY SUPPLIER:			YES		NO	
NAME ON PRIMARY BILL MATCH ACCT HOLDER ON EIMM?			YES		NO	
CUSTOMERS ACCOUNT NO FOR PRIMARY BILL MATCH EIAP?			YES		NO	
HEAT SOURCE: (CIRCLE ONE) GAS ELECT T. PROPANE OTHER:			YES		NO	
EILW DECISION DATE: (Date worksheet verified or ineligibility date per EIAC)			YES		NO	
EILW DECISION DATE FROM DATE OF RE-APPLICATION:			YES		NO	
EILW DECISION DATE FROM DATE OF RE-APPLICATION:			YES		NO	
EA COMPONENT IN COMPLIANCE:			YES		NO	
REASON(S) EA NOT IN COMPLIANCE:						

ENERGY CRISIS INTERVENTION PROGRAM (ECIP)

CRISIS DATE:		CRISIS DATE:		CRISIS DATE:	
SVC TERMINATED DATE OF CRISIS? YES NO	SVC TERMINATED DATE OF CRISIS? YES NO	SVC TERMINATED DATE OF CRISIS? YES NO	SVC TERMINATED DATE OF CRISIS? YES NO	SVC TERMINATED DATE OF CRISIS? YES NO	SVC TERMINATED DATE OF CRISIS? YES NO
THREAT? YES NO If yes, disconnect date:	THREAT? YES NO If yes, disconnect date:	THREAT? YES NO If yes, disconnect date:	THREAT? YES NO If yes, disconnect date:	THREAT? YES NO If yes, disconnect date:	THREAT? YES NO If yes, disconnect date:
PLEDGE DATE:	PLEDGE DATE:	PLEDGE DATE:	PLEDGE DATE:	PLEDGE DATE:	PLEDGE DATE:
PLEDGE MADE TIMELY? YES NO	PLEDGE MADE TIMELY? YES NO	PLEDGE MADE TIMELY? YES NO	PLEDGE MADE TIMELY? YES NO	PLEDGE MADE TIMELY? YES NO	PLEDGE MADE TIMELY? YES NO
PAYMENT DATE:	PAYMENT DATE:	PAYMENT DATE:	PAYMENT DATE:	PAYMENT DATE:	PAYMENT DATE:
PAYMENT AMOUNT:	PAYMENT AMOUNT:	PAYMENT AMOUNT:	PAYMENT AMOUNT:	PAYMENT AMOUNT:	PAYMENT AMOUNT:
PAID AMT TO RESOLVE CRISIS: YES NO	PAID AMT TO RESOLVE CRISIS: YES NO	PAID AMT TO RESOLVE CRISIS: YES NO	PAID AMT TO RESOLVE CRISIS: YES NO	PAID AMT TO RESOLVE CRISIS: YES NO	PAID AMT TO RESOLVE CRISIS: YES NO
CHECK NUMBER:	CHECK NUMBER:	CHECK NUMBER:	CHECK NUMBER:	CHECK NUMBER:	CHECK NUMBER:
PAYMENT MADE <45 C.DAYS: YES NO	PAYMENT MADE <45 C.DAYS: YES NO	PAYMENT MADE <45 C.DAYS: YES NO	PAYMENT MADE <45 C.DAYS: YES NO	PAYMENT MADE <45 C.DAYS: YES NO	PAYMENT MADE <45 C.DAYS: YES NO
CLIENT NOTIFIED: YES NO	CLIENT NOTIFIED: YES NO	CLIENT NOTIFIED: YES NO	CLIENT NOTIFIED: YES NO	CLIENT NOTIFIED: YES NO	CLIENT NOTIFIED: YES NO
HEAT SOURCE: PRIMARY SECONDARY	HEAT SOURCE: PRIMARY SECONDARY	HEAT SOURCE: PRIMARY SECONDARY	HEAT SOURCE: PRIMARY SECONDARY	HEAT SOURCE: PRIMARY SECONDARY	HEAT SOURCE: PRIMARY SECONDARY
ECIP IN COMPLIANCE: YES NO	ECIP IN COMPLIANCE: YES NO	ECIP IN COMPLIANCE: YES NO	ECIP IN COMPLIANCE: YES NO	ECIP IN COMPLIANCE: YES NO	ECIP IN COMPLIANCE: YES NO
WINTER ECIP \$800 OR LESS: YES NO	WINTER ECIP \$800 OR LESS: YES NO	WINTER ECIP \$800 OR LESS: YES NO	WINTER ECIP \$800 OR LESS: YES NO	WINTER ECIP \$800 OR LESS: YES NO	WINTER ECIP \$800 OR LESS: YES NO
SUMMER ECIP \$300 OR LESS: YES NO	SUMMER ECIP \$300 OR LESS: YES NO	SUMMER ECIP \$300 OR LESS: YES NO	SUMMER ECIP \$300 OR LESS: YES NO	SUMMER ECIP \$300 OR LESS: YES NO	SUMMER ECIP \$300 OR LESS: YES NO
REASON(S) ECIP NOT IN COMPLIANCE:					

LIHEAP WORKSHEET (E1LW)

GROSS UNEARNED INCOME:	\$
GROSS EARNED INCOME:	\$
EARNED INCOME ADJUSTMENT: X .80	\$
INCOME SUBTOTAL:	\$
ELDERLY/DISABLED (APPLICANT OR SPOUSE)	\$
CHILD SUPPORT PAID DEDUCTION	\$
SMI DEDUCTION:	\$
PART "D" DEDUCTION:	\$
FOOD STAMP ADJUSTMENT:	\$
TOTAL NET INCOME:	\$

NOTES: [USED FOR ERRORS WITH NO IMPACT ON ELIGIBILITY]

REVISED 10-2012

## FORMS

### INTRODUCTION

Various forms are used in the Low-Income Home Energy Assistance Program (LIHEAP). There are also forms related to obtaining security to access the LIHEAP Energy Assistance Computer System. This section includes both an index and instruction of how to complete these forms.

### LIHEAP FORMS

Form Number	Form Name	Location
EA-1	Low Income Home Energy Assistance Program (LIHEAP) Heating and/or Cooling Assistance Application	EA Web Site <a href="http://www.dss.mo.gov/fsd/liheap.htm">http://www.dss.mo.gov/fsd/liheap.htm</a>
EA-1B	Information Request	One Form
EA-1C	Low Income Interview Guide	One Form
EA-1E	Energy Assistance Landlord/Renter Documentation Request	One Form
EA-3	Employee Wage Documentation Report	One Form
EA-6	Energy Assistance Eligibility Notice: Eligible Eligible – Natural Gas Customer Ineligible	AFP produced by IT
Denial Letter	Energy Assistance Notice of Denial	FSD Form
EA-7	Energy Assistance Payment Notice	AFP produced by IT
EA-8	Energy Assistance Claims and Restitution	One Form
EA-10	Energy Assistance Check Cancellation Notice	One Form
EA-11	Energy Assistance Check Reissuance Request	One Form
Fax/Scan	DCN Update Coversheet	Word Document
IM-87	Application for State Hearing	FSD Form
IM-214	Affidavit for Replacement Check	FSD Form
IM-215	Affidavit of Forgery	FSD Form

**SECURITY FORMS**

<b>Form Number</b>	<b>Form Name</b>	<b>Location</b>
	Security Forms Instructions	Word Document
	Access Request	Word Document
	DSS Confidentiality Statement	PDF Document
FA700	Confidentiality Agreement	Word Document
FA701	FAMIS User Request	Word Document
FA702	Request for Access to FAMIS Information	Word Document

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) HEATING AND/OR COOLING ASSISTANCE APPLICATION (EA-1)**

**Purpose:** To provide a signed application for the Low Income Home Energy Assistance Program (LIHEAP) and a record of the applicant's eligibility statement. **THE APPLICATION MUST BE DATE STAMPED WHEN RECEIVED IN THE AGENCY OFFICE. THIS DATE REPRESENTS THE DATE OF APPLICATION.**

**Number of Copies:** One form will be completed for each LIHEAP application and/or re-application and must be retained in the case file. Once a household has applied and been approved for Energy Assistance (EA), it will not be necessary for a new application to be completed for a subsequent Energy Crisis Intervention Program (ECIP) application.

**Completion Instructions:** The top of page 1 will be pre-printed on Family Support Division (FSD) generated applications (**Mail-outs**). The applicant will complete the remainder of pages 1 and 2, in addition to signing and dating the application.

For applications being requested that do not involve a mail-out form, the Agency/County will provide a return address/phone number for the applicant to reference. The application can be mailed, faxed or completed in the office.

**Applicant Signature/Date:** The application can be signed and dated by any adult household member, legal guardian or power of attorney.

**NOTE:** Agency staff must not make any changes on the application. All clarifications must be recorded on the LIHEAP Case Notes (E1CN) screen, which can be accessed from any screen on the LIHEAP system.



## HOW TO APPLY AND WHAT TO SEND WITH YOUR APPLICATION

### ONLY COMPLETE AND SUBMIT ONE APPLICATION

1. Sign and date the application in ink. This is required in order to process your application.
2. Answer every question on the application. **Leaving things blank will cause a delay.**
3. Include a copy of your last energy bill for the MAIN fuel you use to heat your home. The supplier's name and your account number are necessary for processing.  
  
**IF YOU HAVE A DISCONNECT NOTICE, INCLUDE IT:** You should also provide any disconnect notice for OTHER fuel you use as back up to your main heat source (space heaters, electricity to make your heater work, etc.). You may be able to get assistance for your OTHER fuel source to avoid being shut off.
4. Provide **copies** of Social Security cards or other verification of Social Security numbers. If you applied last year for energy assistance, or if you are receiving assistance from the Family Support Division, you do not need to provide this information.
5. Provide proof of last month's income for all jobs for every person living in your home (wage stubs, grant letters or assistance award letters, Social Security award letters, etc.).
  - If you are receiving Food Stamps or TANF, you **DO NOT** need to provide this information. If someone listed in the household is **NOT** on your Food Stamp case, then you will need to send proof of income.
  - If you receive child support, please provide your case number to allow the agency to get the information on that income.
6. Mail the completed application, energy bill(s) and proof of income to the Agency serving your county as soon as possible. Reference the attached listing to locate the agency serving your county. **NOTE:** Applications not signed in ink will be returned; causing a delay in processing your application.
  - The sooner the agency receives your application, the sooner it can be processed to determine the amount of your payment, and the payment made.
7. Keep paying your energy bill as you normally would to avoid being shut off or non-delivery of fuel.
  - You will get a letter telling you of the amount of payment that will be sent to your energy supplier or to you if your supplier does not participate, or you heat with wood.
8. If any member of your household is over 60 and/or disabled, this application can be sent beginning October 1, 2012. All other applications will be accepted November 1, 2012.
9. If you have any questions or need help in completing this application, call the agency serving your county. Agency information is located below and titled, "WHERE TO MAIL YOUR LIHEAP APPLICATION".

### FINAL CHECKLIST

- ☐ **ANSWERED ALL QUESTIONS AND LISTED ALL HOUSEHOLD MEMBERS ON APPLICATION**
- ☐ **SIGNED AND DATED THE APPLICATION IN INK**
- ☐ **INCLUDED MY MAIN FUEL BILL**
- ☐ **INCLUDED INCOME DOCUMENTATION FOR MEMBERS NOT RECEIVING FOOD STAMPS**
- ☐ **INCLUDED SHUT OFF NOTICE IF MY ACCOUNT IS IN DISCONNECT STATUS**

**Missouri Department of Social Services, Family Support Division**  
**Low Income Home Energy Assistance Program (LIHEAP)**  
**Heating and/or Cooling Assistance October 1, 2012, thru September 30, 2013, Application**

**PLEASE READ THE ENCLOSED INSTRUCTIONS CAREFULLY.**  
**ONLY COMPLETE AND SUBMIT ONE APPLICATION.**  
**PLEASE CONTINUE TO PAY YOUR ENERGY BILL.**

**AGENCY USE ONLY**  
**DATE STAMP**

Address:		Email Address:
City:	Zip:	Phone Number:
County:		Cell Phone Number:

Does everyone in your household receive food stamps? (yes/no) \_\_\_\_\_

**HOUSEHOLD MEMBERS:**

List all persons living in your home, starting with self. Attach additional list if more than six (6).

Name	Social Security No.	Birth Date	Relationship	Sex (M/F)	Race	US Citizen (yes/no)
			SELF			

Do you have a disconnect notice? (yes/no) \_\_\_\_\_ Is your energy source currently shut off? (yes/no) \_\_\_\_\_

Do you own or are you buying your home? (yes/no) \_\_\_\_\_ Has the home been weatherized? (yes/no) \_\_\_\_\_

What is the **MAIN (Primary)** heating source of your home? ☐ Natural Gas ☐ Electric ☐ Kerosene ☐ Fuel Oil  
☐ Tank Propane ☐ Cylinder Propane ☐ Wood

**Main Energy Supplier Name:** \_\_\_\_\_ **City:** \_\_\_\_\_

What name appears on the energy bill? \_\_\_\_\_ **Account Number:** \_\_\_\_\_

What is the **OTHER (Secondary)** energy source of your home? ☐ Natural Gas ☐ Electric ☐ Kerosene ☐ Fuel Oil  
☐ Tank Propane ☐ Cylinder Propane ☐ Wood

**Other Energy Supplier Name:** \_\_\_\_\_ **City:** \_\_\_\_\_

What name appears on the energy bill? \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**COPY OF CURRENT ENERGY BILL(S) MUST BE ATTACHED**  
**IF ACCOUNT IS IN DISCONNECT STATUS INCLUDE SHUT OFF NOTICE**

If you do not pay your fuel supplier/energy source directly, how is this paid? (Mark Boxes Below)

☐ Billed separately by landlord ☐ Costs included in rent – Heating? (yes/no) \_\_\_\_\_ Cooling? (yes/no) \_\_\_\_\_  
☐ Rent subsidized housing/Section 8. Heat Included.

If your utilities are included in your rent or your landlord bills you separate from your rent, please provide landlord information.

**Landlord Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**INCOME INFORMATION. (List all jobs held last month for all household members.)**

If there are persons listed on the first page that are NOT receiving Food Stamps, you must provide income documentation.

Does anyone listed in household have income from a job? (yes/no) \_\_\_\_\_

If yes, please list information for EACH household member below and attach copies of last month's wage stubs.

NAME	EMPLOYER	DATE EMPLOYED	HOW OFTEN PAID	GROSS PAY

Did any household member pay child support last month to someone outside the home? (yes/no) \_\_\_\_\_

If yes, how much? \$\_\_\_\_\_ Child Support Case Number: \_\_\_\_\_

Does any household member have income from self-employment? (yes/no) \_\_\_\_\_

If yes, please send a copy of most recent federal income tax forms (Form 1040) for each person with self-employment.

Does any household member listed have unearned income? (yes/no) \_\_\_\_\_

If yes, please fill out below and attach proof of this income. Attach additional lists if more room is needed.

SOURCE	WHO RECEIVED	AMOUNT	HOW OFTEN PAID
Social Security			
Supp Security Income (SSI)			
TANF Grant, SAB, BP, SP, Foster Care			
Alimony or Child Support Child Support Case Number:			
Unemployment Compensation			
Veterans Benefits			
Pensions			
Railroad Retirement			
Rent-Land/Buildings			
Money from relatives/organizations			
Armed Forces Allotment			
Union Funds/Strike Benefits			
Workers' Compensation or Sick Benefits			
Other, Specify:			

**RESOURCE INFORMATION. Complete this section ONLY if household member(s) has one or more of these resources.**

TYPE	HOW MUCH	TYPE	HOW MUCH
Checking: Single/Joint Account		Stocks/Bonds and Mutual Funds	
Savings: Single/Joint Account		IRA/KEOGH and Deferred Compensation Plans	
Certificates of Deposits (CD)			
Annuities and Money Markets			

I hereby apply for assistance under the LIHEAP laws of the State of Missouri administered by the Department of Social Services (DSS). I declare that the information I have given is true, correct, and complete to the best of my knowledge. **I realize that the information which I have given on this application will be subject to verification by the contracted agency.** If any household member declared on my application is currently receiving Food Stamps, TANF, or Child Support, I hereby authorize the contracted agency to use my Family Support Division (FSD) file to document income and resource eligibility for LIHEAP. I hereby authorize the contracted agency and FSD to release information relating to my application for LIHEAP to my fuel supplier to determine eligibility. I give permission to DSS to use information provided on this form for purposes of research, evaluation, and analysis of the program. I understand that I may be fined, imprisoned, or both under state or federal law if I make false statement(s) on this application in order to get benefits I am not entitled to receive.

<b>SIGNATURE</b> (must sign in ink) ►	<b>DATE</b> ►
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**RETURN THE COMPLETED/SIGNED APPLICATION WITH ATTACHMENTS TO THE AGENCY SERVING YOUR COUNTY, LISTED BELOW and titled, "WHERE TO GO FOR HELP" PLEASE BE SURE YOU HAVE READ THE ENCLOSED INSTRUCTIONS CAREFULLY BEFORE MAILING.**

## WHERE TO MAIL YOUR LIHEAP APPLICATION

COUNTY SERVED	AGENCY
Audrain, Boone, Callaway, Cole, Cooper, Howard, Moniteau, Osage	Central Missouri Community Action (CMCA) 800 N Providence Rd Ste 103 Columbia, MO 65203-4300 Phone number: (573) 443-1100
St. Louis County	Community Action Agency of St. Louis County (CAASTLC) 2709 Woodson Rd Overland, MO 63114-4817 Phone number: (314) 446-4420
Andrew, Buchanan, Clinton, DeKalb	Community Action Partnership of Greater St. Joseph (CAPSTJOE) 817 Monterey St. Joseph, MO 64503-3611 Phone number: (816) 233-8281
Atchison, Gentry, Holt, Nodaway, Worth	Community Services, Inc. of Northwest Missouri (CSI) PO Box 328 Maryville, MO 64468-0328 Phone number: (660) 582-3113
Dunklin, Mississippi, New Madrid, Pemiscot, Scott, Stoddard	Delta Area Economic Opportunity Corporation (DAEOC) 99 Skyview Rd Portageville, MO 63873-9180 Phone number: (573) 379-3851
Bollinger, Cape Girardeau, Iron, Madison, Perry, St. Francois, Ste. Genevieve, Washington	East Missouri Action Agency (EMAA) PO Box 308 Park Hills, MO 63601-0308 Phone number: (573) 431-5191
Barton, Jasper, Newton, McDonald	Economic Security Corporation of Southwest Area (ESC) PO Box 207 Joplin, MO 64802-0207 Phone number: (417) 781-0352
Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam, Sullivan	Green Hills Community Action Agency (GHCAA) 1506 Oklahoma Ave Trenton, MO 64683-2587 Phone number: (660) 359-3907
City of St. Louis, Wellston	Urban League (ULSTL) P.O. Box 23457 St. Louis, MO 63156-3457 Phone number: (314) 615-3640
Jefferson, Franklin	Jefferson-Franklin Community Action Agency (JFCAC) PO Box 920 Hillsboro, MO 63050-0920 Phone number: (636) 789-2686

COUNTY SERVED	AGENCY
Camden, Crawford, Gasconade, Laclede, Maries, Miller, Phelps, Pulaski	Missouri Ozarks Community Action, Inc. (MOCA) PO Box 69 Richland, MO 65556-0069 Phone number: (573) 765-3183
Carroll, Chariton, Johnson, Lafayette, Pettis, Ray, Saline	Missouri Valley Community Action Agency (MVCAA) 16 S Folger St Carrollton, MO 64633-1253 Phone number: (660) 542-0418
Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Shelby, St. Charles, Warren	North East Community Action Corporation (NECAC) 805 N Business Highway 61 Bowling Green, MO 63334-1351 Phone number: (573) 324-0120
Adair, Clark, Knox, Schuyler, Scotland	Northeast Missouri Community Action Agency (NMCAA) PO Box 966 Kirksville, MO 63501-0966 Phone number: (800) 737-3165
Douglas, Howell, Oregon, Ozark, Texas, Wright	Ozark Action, Inc. (OAI) 710 E Main St West Plains, MO 65775-3307 Phone number: (417) 256-6147
Barry, Christian, Dade, Dallas, Greene, Lawrence, Polk, Stone, Taney, Webster	Ozarks Area Community Action Corporation (OACAC) 215 S Barnes Ave Springfield, MO 65802-2204 Phone number: (417) 864-3460
Butler, Carter, Dent, Reynolds, Ripley, Shannon, Wayne	South Central Missouri Community Action Agency (SCMCAA) PO Box 6 Winona, MO 65588-0006 Phone number: (573) 325-4255
Jackson, Clay, Platte	United Services Community Action Agency (USCAA) PO Box 16586 Kansas City, MO 64133-0586 Phone number: (816) 358-6868
Bates, Benton, Cass, Cedar, Henry, Hickory, Morgan, St. Clair, Vernon	West Central Missouri Community Action Agency (WCMCAA) PO Box 125 Appleton City, MO 64724-0125 Phone number (660) 476-2185

**INFORMATION REQUEST (EA-1B)**

**Purpose:** To provide notification to LIHEAP applicants of information they must provide to establish eligibility for heating/cooling assistance.

**Number of Copies and Distribution:** Two copies; original given or mailed to the applicant, **copy must be filed in the case record.**

**Instructions for Completion:** This form may be typed or printed in ink.

**Date:** Enter date the form is given/mailed to the applicant.

**Head of Household /Applicant Name:** Enter the head of household/applicant's name.

**Social Security Number:** Enter the head of household/applicant's Social Security Number.

**Month-Day-Year:** Enter the month, day and year that the requested information is due. This date must be at least 10 days from the date the form is given/mailed to the applicant. If the 10<sup>th</sup> day falls on a weekend or holiday, the due date must be the next working day.

I. **Proof of Social Security Number:** Check ( ) the box if Social Security Number documentation is needed on any household member. Specify name(s) of all household members for whom Social Security Number documentation is required.

II. **Proof Of Age:** Check ( ) the box if age documentation is needed for any household member. (Readily available documentation sources are listed). [Specify name(s)]

III. **Proof Of Alien Status:** Check ( ) this box if permanent alien registration status documentation is needed on any household member. [Specify name(s)]

IV. **Proof Of All Income:** Check ( ) the appropriate box. If employment box is checked, indicate the month and year for which documentation is requested. [Specify name(s)]

V. **Proof Of All Money Owned:** Check ( ) the appropriate box if resource documentation is needed on any household member. [Specify name(s)]

VI. **Proof of Heating Costs:** Check ( ) the appropriate box to indicate if fuel supplier information, account name change or landlord information is needed.

VIII **Other (Explain)** This section may be used to request information not identified elsewhere on this form.

**LIHEAP Worker Name/Telephone Number/Hours:** Worker requesting information must sign the form, enter their telephone number and office hours.

**Agency Office Address:** Enter office address to assist the applicant in returning the requested information.



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**INFORMATION REQUEST**

HEAD OF HOUSEHOLD

DATE

SOCIAL SECURITY NO.

**IN ORDER TO PROCESS YOUR APPLICATION FOR ENERGY ASSISTANCE, WE ARE REQUESTING THAT YOU PROVIDE THE INFORMATION CHECKED BELOW. IF YOU FAIL TO PROVIDE ALL OF THE REQUESTED INFORMATION, YOUR APPLICATION WILL BE DENIED. THE INFORMATION MUST BE RETURNED TO THE COMMUNITY ACTION AGENCY NO LATER THAN**

MONTH

DAY

YEAR

☐ **I. PROOF OF SOCIAL SECURITY NUMBER(S)**

FOR: \_\_\_\_\_  
SOCIAL SECURITY CARDS, DRIVERS LICENSE, RECEIPT OF APPLICATION FOR A SOCIAL SECURITY NUMBER FROM THE SOCIAL SECURITY OFFICE.

☐ **II. PROOF OF AGE**

FOR: \_\_\_\_\_  
BIRTH CERTIFICATE, DRIVERS LICENSE, MEDICARE CARD.

☐ **III. PROOF OF ALIEN STATUS**

FOR: \_\_\_\_\_  
PROOF FROM IMMIGRATION & NATURALIZATION SERVICE

☐ **IV. PROOF OF ALL INCOME**

☐ **ALL PAY STUBS DATED IN** ►

MONTH

YEAR

OR

A STATEMENT FROM THE EMPLOYER (INCLUDING HOME EMPLOYMENT, SUCH AS BABYSITTING, IRONING, HOUSECLEANING, OR OTHER ODD JOBS.) STATEMENT SHOULD INCLUDE NAME OF EMPLOYER, HOW OFTEN PAID, GROSS PAID AND DATES PAID

FOR: \_\_\_\_\_

☐ IF YOU FARM OR ARE SELF-EMPLOYED, YOUR LATEST INCOME TAX FORM. (1040)

☐ CURRENT DOCUMENTATION OF SOCIAL SECURITY/SSI BENEFITS FOR: \_\_\_\_\_

☐ CHILD SUPPORT/ALIMONY

☐ STATEMENT DOCUMENTING CONTRIBUTIONS FROM PERSONS OUTSIDE OF YOUR HOUSEHOLD WHICH INCLUDE SIGNATURE, ADDRESS AND PHONE NUMBER.

☐ VETERANS BENEFITS

☐ RAILROAD RETIREMENT

☐ ARMED FORCES ALLOTMENT

☐ CURRENT AWARD LETTER/CHECK STUB FROM ANY PRIVATE PENSION

☐ WORKERS' COMPENSATION

☐ RENT RECEIVED FROM RENTAL PROPERTY

☐ OTHER INCOME: \_\_\_\_\_

☐ **V. PROOF OF ALL MONEY OWNED**

FOR: \_\_\_\_\_

☐ CERTIFICATES OF DEPOSIT

☐ CURRENT SAVINGS ACCOUNT

☐ CURRENT CHECKING ACCOUNT

☐ GOVERNMENT AND OTHER BONDS

☐ STOCKS/ANNUITIES AND MUTUAL FUNDS

☐ IRA/KEOUGH AND DEFERRED COMPENSATION PLANS

☐ **VI. PROOF OF HEATING COSTS**

☐ CURRENT HEAT BILL/DELIVERY TICKET IN YOUR NAME

☐ CURRENT WRITTEN STATEMENT FROM FUEL SUPPLIER

☐ TERMINATION (SHUT OFF) NOTICE/FINAL BILL

☐ CUSTOMER ACCOUNT NAME CHANGE

☐ NAME/ADDRESS AND PHONE NUMBER OF LANDLORD

☐ CURRENT HEAT BILL IN YOUR NAME WITH ACCOUNT NUMBER FOR NEW ADDRESS

☐ **VIII. OTHER (EXPLAIN)**

**IMPORTANT**

**IMPORTANT**

**IMPORTANT**

IF YOU HAVE ANY QUESTIONS ABOUT SECURING THE ABOVE INFORMATION IMMEDIATELY CONTACT:

CASEWORKER

PHONE NUMBER

a.m.

p.m.

FAX NUMBER

RETURN INFORMATION TO THE COMMUNITY ACTION AGENCY, ADDRESS:

**LOW INCOME INTERVIEW GUIDE (EA 1-C)**

**Purpose:** To obtain documentation of the income and resources of household members age eighteen (18) and over with no verified sources(s) of income as reported on the LIHEAP-1 Application.

**Number of Copies and Distribution:** Two copies; original given or mailed to the applicant, **copy must be filed in the case record.**

**Instruction for Completion:** This form must be typed or printed in ink.

**Date:** Enter date the form is given/mailed to the applicant.

**Head of Household (Applicant/Member Name):** Enter the name of the applicant/member whose information is needed in order to complete the determination of eligibility.

**Social Security Number:** Enter the applicant/members Social Security Number.

**Month-Day-Year:** Enter the month, day, and year the requested information is due. This date must be at least ten (10) calendar days from the date the form is given/mailed to the applicant/member. If the 10<sup>th</sup> day falls on a weekend or holiday, the due date must be the next working day. **NOTE:** Agencies can allow an additional five (5) calendar days for mailing; however, ten (10) calendar days should be documented on the EA-1C Low Income Interview Guide.

1. Enter the month prior to the month of the date of the LIHEAP application date.
2. To be completed by the applicant/member.
3. To be completed by the applicant/member.
4. To be completed by the applicant/member.
5. To be completed by the applicant/member.
6. To be completed by the applicant/member.

**Caseworker/Telephone Number/Fax:** Worker requesting information must sign the form, enter their telephone number and office fax.

**Return Information To:** Enter agency name and mailing address.

**For Office Use Only:** To be completed by the LIHEAP worker.

**Supervisor Signature:** To be signed by the LIHEAP supervisor.





MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**LOW INCOME INTERVIEW GUIDE**

DATE

HEAD OF HOUSEHOLD

SOCIAL SECURITY NO.

**IN ORDER TO PROCESS YOUR APPLICATION FOR ENERGY ASSISTANCE, YOU MUST ANSWER THE FOLLOWING QUESTIONS. IF YOU FAIL TO PROVIDE ALL OF THE REQUESTED INFORMATION, YOUR APPLICATION WILL BE DENIED. THE COMPLETED FORM MUST BE RETURNED TO THE COMMUNITY ACTION AGENCY NO LATER THAN**

MONTH

DAY

YEAR

1. PLEASE EXPLAIN HOW YOU HAVE BEEN MANAGING WITH LITTLE OR NO INCOME FOR THE MONTH OF \_\_\_\_\_. INCLUDE WHO PROVIDED THE INCOME, WHEN IT WAS RECEIVED, HOW OFTEN IT WAS RECEIVED AND WHETHER THIS IS A REGULAR SOURCE OF INCOME TO PAY YOUR BILLS. **(RETURN WRITTEN PROOF OF INCOME WITH THIS FORM.)**

2. WHEN WERE THE RENT/HOUSE PAYMENT AND UTILITIES (GAS, ELECTRIC, WATER, AND PHONE) LAST PAID? HOW MUCH WAS PAID ON EACH OF THESE? WHAT WAS THE SOURCE OF INCOME USED TO PAY THEM? **(IF SOMEONE HELPED PAY THE HEAT BILL, WRITTEN PROOF IS REQUIRED FROM THAT PERSON.)**

3. DID YOU HAVE SAVINGS OR OTHER RESOURCES THAT WERE USED TO PAY BILLS? IF SO, HOW MUCH IS STILL AVAILABLE IN THE ACCOUNTS?

4. DID YOU RECEIVE MONEY FROM RELATIVES OR FRIENDS? IF SO, HOW OFTEN, HOW MUCH, AND FROM WHOM WAS THIS RECEIVED? **(WRITTEN PROOF IS REQUIRED.)**

5. DID YOU WORK ODD JOBS OR HAVE ANOTHER SOURCE OF IRREGULAR OR UNEARNED INCOME? IF SO, WHO DID YOU RECEIVE THE INCOME FROM, HOW MUCH, AND WHEN WERE YOU PAID? **(WRITTEN PROOF IS REQUIRED.)**

6. HOW DID YOU PAY FOR FOOD, OTHER HOUSEHOLD BILLS, AND TRANSPORTATION EXPENSES DURING THE MONTH INDICATED ABOVE?

CASEWORKER

TELEPHONE NUMBER

FAX NUMBER

**RETURN INFORMATION TO:**

**FOR OFFICE USE ONLY**

**REMINDERS**

– S024/SPAR Search Copy (18 or older) – EAES Copy (18 or older)  
I066/FAMIS COPIES, If Found

– **TERMINATED INCOME**  
(Must Document)

– EA-IC Completed

**SUPERVISOR SIGNATURE** ►

**ENERGY ASSISTANCE LANDLORD/RENTER DOCUMENTATION REQUEST(EA-1E)**

**Purpose:** Provides a method for obtaining documentation of an applicant's declared "Landlord" or "Renter" status and their fuel type in order to determine eligibility.

**Number of Copies and Distribution:** Two copies; original must be mailed by the worker to the landlord and a copy will be filed in the case record. A stamped, return envelope must be included when the form is mailed to the landlord.

**Instructions for Completion:** This form may be typed or printed in ink.

**Section I:** To be completed by the worker.

**County:** Enter the county office in which the application is filed.

**Worker:** Enter name of worker completing form.

**Date:** Enter date the form is completed by the worker.

**Applicant Name:** Enter the full name of the applicant.

**Address:** Enter the complete mailing address of the applicant.

**Landlords' Name, Address/Phone Number:** Enter the landlord's name, address and phone number as declared by the applicant. Name and address of the landlord must be secured in order to mail the EA-1E to the landlord.

**Section II:** Must be completed by the landlord. Each question must be answered in order to determine eligibility for LIHEAP. No alterations can be made on the form. Any change, alteration or unclear information must be resolved with the landlord and recorded on the LIHEAP Case Notes (E1CN) screen which can be accessed from any screen on the LIHEAP system.

**NOTE:** The application cannot be denied prior to the time frame if an EA-1E is the only information needed to process the application.

**Section III:** Landlord must sign and date the form.



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

**ENERGY ASSISTANCE LANDLORD/RENTER DOCUMENTATION REQUEST**

SECTION I			
COUNTY	WORKER	DATE 09/19/2012	
APPLICANT NAME		SOCIAL SECURITY NO.	
ADDRESS (NUMBER & STREET NAME, CITY, STATE & ZIP CODE)			
<b>THE ABOVE NAMED INDIVIDUAL HAS MADE APPLICATION FOR MISSOURI'S LOW INCOME HOME ENERGY ASSISTANCE PROGRAM. IN ORDER TO DETERMINE ELIGIBILITY AND THE AMOUNT OF BENEFITS TO BE PAID TO THE HOUSEHOLD, IT IS NECESSARY THAT WE HAVE THE INFORMATION REQUESTED BELOW. ENCLOSED IS A STAMPED, RETURN ENVELOPE FOR YOUR USE IN REPLY. PLEASE RETURN WITHIN FIFTEEN (15) DAYS.</b>			
LANDLORD'S NAME			PHONE NO.
ADDRESS			
SECTION II (SECTIONS II AND III MUST BE COMPLETED BY LANDLORD)			
1. IS THE ABOVE INDIVIDUAL LIVING IN THE PROPERTY AT THE ABOVE ADDRESS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. DO YOU LIVE IN A SEPARATE HOUSEHOLD FROM YOUR TENANT?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. DO YOU RECEIVE A SECTION 8 OR RENTAL SUBSIDY ON BEHALF OF THIS TENANT OR FOR THE PROPERTY THIS TENANT LIVES IN?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. IS THE TOTAL COST OF HOME HEATING NORMALLY INCLUDED IN THE TENANT'S RENTAL PAYMENT? IF YES, HAS THE TENANT MADE ANY EXTRA PAYMENTS FOR HEATING COSTS FOR NOVEMBER THROUGH MARCH DUE TO EXCESS USAGE?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. DOES THE TENANT NORMALLY PAY FOR THEIR TOTAL HEATING COSTS IN A SEPARATE PAYMENT FROM THEIR RENT?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. WHAT IS THE MONTHLY AMOUNT OF RENT ACTUALLY PAID BY THE TENANT? \$ _____			
7. PLEASE CHECK THE TYPE OF FUEL USED TO HEAT THE PROPERTY:			
<input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> PROPANE	<input type="checkbox"/> FUEL OIL <input type="checkbox"/> WOOD <input type="checkbox"/> COAL <input type="checkbox"/> PROPANE
SECTION III			
I UNDERSTAND THAT THE INFORMATION I HAVE PROVIDED CONCERNING THE ABOVE NAMED APPLICANT WILL BE UTILIZED BY THE COMMUNITY ACTION AGENCY TO ESTABLISH HIS/HER ELIGIBILITY FOR BENEFITS UNDER MISSOURI'S LOW INCOME HOME ENERGY ASSISTANCE PROGRAM.			
I FURTHER ATTEST TO THE FACT THAT THE INFORMATION I HAVE PROVIDED CONCERNING THE ABOVE NAMED APPLICANT IS TRUE, ACCURATE AND COMPLETE AND THAT I MAY BE FINED, IMPRISONED OR BOTH UNDER THE FEDERAL OR STATE LAWS, FOR FALSE STATEMENTS I HAVE MADE TO ENABLE THE ABOVE NAMED APPLICANT TO RECEIVE BENEFITS TO WHICH HE/SHE IS NOT LEGALLY ENTITLED.			
SIGNATURE OF LANDLORD			MONTH DAY YEAR

**EMPLOYEE WAGE DOCUMENTATION REPORT (EA-3)**

**Purpose:** To provide a method of securing wage documentation.

**Completion Instructions:** Two copies; original must be mailed to the employer and a copy will be filed in the case record. A stamped, return envelope must be included when the form is mailed to the employer. .

**Completions Instructions:** This form may be typed or printed in ink.

**To:** Enter the employer name and address.

**Date Sent:** Enter date the form is mailed to the employer.

**Worker:** Enter worker name.

**Section I**

**Employee Name:** Enter the name of employee for whom information is being requested.

**Employee Social Security Number:** Enter the employee's Social Security Number.

**Case Name:** Enter the applicant's name.

**Section II**

**Employee Signature:** Employee must sign their name to authorize release of wage information to the agency.

**Date:** Enter date employee signed the form.

**Section III**

The worker must enter the month for which wage information is being requested.  
The employer will complete the rest of Section III.



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**EMPLOYEE WAGE DOCUMENTATION REPORT**

TO	EMPLOYER NAME AND ADDRESS				DATE SENT
FROM	COMMUNITY ACTION AGENCY ENERGY ASSISTANCE PROGRAM	COUNTY	SAT. SITE	WORKER NAME	

The employee identified below has made application for benefits under Missouri's Low Income Home Energy Assistance Program. In order to determine eligibility for benefits, it is necessary that we document income for this individual. The employee has signed below to authorize release of this information to our agency. Please complete Section III and return to the Community Action Agency in the enclosed return envelope within 10 days. Your assistance and cooperation is appreciated.

**SECTION I - EMPLOYEE IDENTIFICATION DATA**

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NO.	CASE NAME
---------------	------------------------------	-----------

**SECTION II - AUTHORIZATION FOR RELEASE OF INFORMATION**

**I AUTHORIZE THE RELEASE OF INFORMATION CONCERNING MY WAGE RECORDS TO THE COMMUNITY ACTION AGENCY**

EMPLOYEE SIGNATURE	DATE
--------------------	------

**SECTION III - EMPLOYEE WAGE INFORMATION**

DATE OF EMPLOYMENT ▶	DATE EMPLOYMENT TERMINATED ▶
----------------------	------------------------------

PAY PERIOD (CHECK ONE)

☐ WEEKLY    ☐ BI-WEEKLY    ☐ TWICE A MONTH    ☐ MONTHLY    ☐ OTHER ▶

PLEASE RECORD THE AMOUNT OF GROSS WAGES RECEIVED BY THE EMPLOYEE FOR EACH PAY PERIOD IN THE MONTH OF ▶ \_\_\_\_\_ 2 \_\_\_\_\_.

CHECK DATE	GROSS WAGES (INCLUDES TIPS, IF APPROPRIATE)

SIGNATURE OF PERSON GIVING INFORMATION	TITLE
	COMPANY PHONE NUMBER      DATE

**ENERGY ASSISTANCE ELIGIBILITY NOTICE (EA-6)**

**Purpose:** To provide a notice to the applicant advising whether they have been determined eligible or ineligible to receive heating assistance. This form also advises the applicant of their right to a fair hearing if they do not agree with the determination.

This notice is auto generated at the State Data Center once the agency makes a determination of eligibility/ineligibility for the Low Income Home Energy Assistance Program (LIHEAP). The EA-6 is mailed from the mail room.

There are three separate forms of this notice based upon the determination of eligibility.

**Eligible:** Informs the applicant they have been determined eligible for Energy Assistance to pay a portion of their home heating costs under LIHEAP.

**Eligible (Natural Gas Customer):** Informs the applicant they have been determined eligible for Energy Assistance to pay a portion of their home heating costs under LIHEAP. Additional information is given to instruct the customer whose natural gas is off that they are required to contact their gas company to schedule a utility reconnection.

**Ineligible:** Informs the applicant their application for benefits under LIHEAP has been denied. A reason will display showing the applicant why their application was denied.

DAI  
710 EAST MAIN ST.  
WEST PLAINS, MO 65775



STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

ID #:

ENERGY ASSISTANCE ELIGIBILITY NOTICE		Date
Application Date	Benefit Amount	07/30/2008
07/29/08	\$235.00	Fuel Type
Supplier Name	Supplier Address	PROPANE GAS
WEST PLAINS PROPANE	508 LINCOLN	
Supplier City,State,Zip		
WEST PLAINS MO 65775		
<p><b>Eligibility Message: Eligible</b></p> <p>You are eligible to receive energy assistance to help pay a portion of your home heating costs under Missouri's Low Income Home Energy Assistance Program. The amount of money you have been approved for is shown above by "Benefit Amount". <i>The Department of Social Services is waiting for an approval from the listed supplier in order to make payment on your account. You will receive another notice that indicates the payment has been applied to your account, or your application has been denied. If denied, the second notice will include the reason for the denial.</i> You are expected to continue paying any "Amount Due" on the bill you receive from your utility company.</p> <p>You have the right to request a fair hearing if you do not agree with this decision and you request the hearing within thirty (30) days after the date of this letter.</p> <p>If you request a fair hearing, you may present information yourself or you may be represented by your own attorney.</p> <p>Requests for hearings must be made at the Community Action Agency where you applied for assistance.</p>		

EAS (06-08)

OAI  
710 EAST MAIN ST.  
WEST PLAINS, MO 65775



STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

ID #

ENERGY ASSISTANCE ELIGIBILITY NOTICE		Date
Application Date	07/21/88	07/30/2008
Benefit Amount	\$227.00	Fuel Type
Supplier Name	SOUTHERN MISSOURI GAS	NATURAL GAS
Supplier Address	COMPANY	P O BOX 847
Supplier City, State, Zip	MTN GROVE MO 65711	

**Eligibility Message: Eligible**

You are eligible to receive energy assistance to pay a portion of your home heating costs under Missouri's Low Income Home Energy Assistance Program. The amount of money you have been approved for is shown above by "Benefit Amount". *The Department of Social Services is waiting for an approval from the listed supplier in order to make payment on your account. You will receive another notice that indicates that the payment has been applied to your account, or your application has been denied. If denied, the second notice will include the reason for the denial.*

**IF YOUR NATURAL GAS IS OFF, you must call your gas company to schedule a turn-on. If you do not schedule this turn on, the energy assistance payment may not be accepted by your gas company. You are expected to continue paying any "Amount Due" on the bill you receive from your utility company.**

You have the right to request a fair hearing if you do not agree with this decision and you request the hearing within thirty (30) days after the date of this letter.

If you request a fair hearing, you may present information yourself or you may be represented by your own attorney.

Requests for hearings must be made at the Community Action Agency where you applied for assistance.



CAASTLC  
2709 WOODSON RD./ENERGY  
ST. LOUIS, MO 63114



STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

ID #

**ENERGY ASSISTANCE ELIGIBILITY NOTICE**

Date  
07/30/2008

Application Date 07/14/08	Benefit Amount \$0.00
------------------------------	--------------------------

**Eligibility Message: Ineligible**

Your application for benefits under Missouri's Low Income Home Energy Assistance Program has been denied. The reason for this decision is:

Total household income exceeds the maximum allowed for your household size.

If you have questions about this decision, contact the Community Action Agency office where you applied for assistance. If your application was denied, you may re-apply for assistance prior to March 31, 2009.

You have the right to request a fair hearing if you do not agree with this decision and you request the hearing within thirty (30) days after the date of this letter.

If you request a fair hearing, you may present information yourself or you may be represented by your own attorney.

Requests for hearings must be made at the Community Action Agency where you applied for assistance.

## **ENERGY ASSISTANCE NOTICE OF DENIAL**

**Purpose:** To provide a notice to the applicant that their application for benefits under the Missouri Low Income Home Energy Assistance Program (LIHEAP) has been denied. The reason it is being denied is due to a previous approval for LIHEAP.

Any individual who has been approved for assistance on one LIHEAP application cannot be approved on another LIHEAP application during the same program year.

This notice is produced by the agency in the normal course of business.

## ENERGY ASSISTANCE NOTICE OF DENIAL

Case Name	Date Mailed		
Address	Street & Number	Social Security #	
City	State	Zip	Application Date

This is to advise you that your application for benefits under the Missouri Low Income Home Energy Assistance Program has been denied.

The reason for this decision is that

\_\_\_\_\_  
(Name of Applicant)  
has already been approved for benefits on

\_\_\_\_\_  
(Date of Approval)  
in a previous application for benefits in the household of

\_\_\_\_\_  
(Case Name of Initial Application)

This decision is based on Energy Assistance policy that an individual who has been approved for assistance in one Energy Assistance application cannot be approved in another Energy Assistance application during the same program year.

If you have any questions about this decision, contact your Community Action Agency at the number indicated below.

You have the right to request a hearing concerning this decision if you do not agree with it and you request the hearing within thirty (30) days after the date of this letter. If you request a hearing, you can present information to support your belief that your application was improperly denied or you can be represented by your own attorney. Requests for hearings must be made at the Community Action Agency where you made application for assistance.

Sincerely,

\_\_\_\_\_  
Caseworker

\_\_\_\_\_  
Community Action Agency

\_\_\_\_\_  
Telephone Number

**ENERGY ASSISTANCE PAYMENT NOTICE (EA-7)**

**Purpose:** To provide a notice to the applicant that a payment has been made on their behalf. The supplier name and address are included so the applicant can verify the funds were paid to their current energy supplier.

When a direct payment is made to the applicant, the applicant is notified that the check they have received is to be applied as payment of their home heating costs and not for any other purpose.

This notice is auto generated at the State Data Center and is mailed from the mail room.

**ENERGY ASSISTANCE PAYMENT NOTICE (EA-7)**

ESC  
P.O. BOX 207  
JOPLIN , MO 64802

STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

ID #: 050-072-50-1350

**ENERGY ASSISTANCE PAYMENT NOTICE**

Mail Date  
11/02/12

Supplier Number	Supplier Name
10020-8-003	MISSOURI GAS ENERGY
Supplier Address	
520 W 12 <sup>TH</sup> STREET	
Supplier City, State, Zip	
JOPLIN MO 64802	

On October 29, 2012 a payment of \$296.00 was issued to the above listed home energy supplier on your behalf. This payment represents the total amount of benefits you were approved to receive under Missouri's Low Income Home Energy Assistance Program.

**MESSAGE TO BE PRINTED ON STUBS OF CHECKS FOR DIRECT PAYMENTS:**

The attached check represents the total amount of benefits that you were approved to receive under Missouri's Low Income Home Energy Assistance Program. This money is to be used for payment of your home heating costs and not for any other purpose.

EA7 (05-04)

**ENERGY ASSISTANCE CLAIMS AND RESTITUTION (EA-8)**

**Purpose:** To establish liability for the loss of funds to the Energy Assistance Program due to overpayment of benefits.

**Number of Copies:** Two copies; original will be sent to the FSD LIHEAP staff and the copy will be maintained in the case record.

**Instructions for Completion:** This form may be typed or printed in ink.

**Date:** Enter the date the form is completed and submitted to the FSD LIHEAP staff.

**County Office:** Enter the name of the county office initiating the claim.

**Name of Person Making Referral:** Enter the name of the worker initiating the claim.

**Head of Household (Applicant)/Payment Information Section:**

**HOH/Applicant Name:** Enter the applicant's name.

**Race/Sex:** Enter the race/sex for the applicant.

**Birth Date:** Enter the applicant's birth date.

**Social Security Number:** Enter the applicant's Social Security Number.

**Address:** Enter the household's most current address.

**Phone Number:** Enter the household's phone number as indicated on the EA-1 (LIHEAP Application).

**EA Payment Amount:** Enter the amount of benefits paid to the household. Amount will appear on the LIHEAP – Payment Information (E1PY) Screen or the LIHEAP Registration (E1RG) Screen.

**Correct Payment Amount:** Enter the amount of benefits that the household was actually entitled to receive.

**Overpayment Amount:** Enter the difference between the EA PAYMENT AMOUNT and CORRECT PAYMENT AMOUNT. Enter the total EA payment if the household was totally ineligible.

**Check Date:** Enter the check date from the LIHEAP – Payment Information (E1PY) Screen or the LIHEAP Registration (E1RG) Screen.

**Check Number:** Enter the check number as it appears on the LIHEAP – Payment Information (E1PY) Screen or the LIHEAP Registration (E1RG) Screen.

**Reason for Claim Section:** Check the appropriate code number (1 through 7) that explains the reason for overpayment.



NAME OF PERSON MAKING REFERRAL

FAMILY SUPPORT DIVISION  
P.O. BOX 2320  
JEFFERSON CITY, MISSOURI 65102-2320  
ATTN: ENERGY ASSISTANCE UNIT

HOH NAME		RACE	SEX	BIRTHDATE	SSN
ADDRESS (STREET NUMBER & NAME, CITY, STATE, ZIP CODE)					PHONE NUMBER
EA PAYMENT AMOUNT	CORRECT PAYMENT AMOUNT	OVERPAYMENT AMOUNT	CHECK DATE	CHECK NUMBER	
\$	\$	\$			

☐ 1. UNREPORTED INCOME; SPECIFY INCOME SOURCE: \_\_\_\_\_

☐ 2. UNREPORTED RESOURCES

☐ 3. INCORRECT REPORTING OF HOUSEHOLD SIZE;      REPORTED HOUSEHOLD SIZE \_\_\_\_\_  
ACTUAL HOUSEHOLD SIZE \_\_\_\_\_

☐ 4. INCORRECT REPORTING OF FUEL SOURCE

☐ 5. DUPLICATE APPLICATION FILED BY ONE OR MORE HOUSEHOLD MEMBERS

☐ 6. AGENCY ERROR (SPECIFY) ▶ \_\_\_\_\_

☐ 7. OTHER (SPECIFY) ▶ \_\_\_\_\_

MO 886-0642N (9-04)

## **ENERGY ASSISTANCE CHECK CANCELLATION NOTICE (EA-10)**

**Purpose:** To provide notification to the FSD LIHEAP staff that an Energy Assistance check has been cancelled.

**Number of Copies:** Two copies; original will be sent to the FSD LIHEAP staff and a copy will be filed in the case record.

**Instructions for Completion:** This form may be typed or printed in ink.

**County:** Enter the name of the county advising of the check cancellation.

**Date:** Enter the date the form is completed and submitted to the FSD LIHEAP staff.

**Cancellation Reasons:** Check the box that explains why the check is being cancelled.





MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

**ENERGY ASSISTANCE CHECK CANCELLATION NOTICE**

COUNTY	DATE	FROM: FAMILY SUPPORT DIVISION ENERGY ASSISTANCE UNIT P.O. BOX 88 JEFFERSON CITY, MO 65103
<p>ATTACHED ARE COPIES OF ENERGY ASSISTANCE CHECKS WHICH HAVE BEEN CANCELLED DUE TO THE FOLLOWING REASONS:</p> <p><input type="checkbox"/> CHECK(S) UNDELIVERABLE AS ADDRESSED</p> <p><input type="checkbox"/> POST OFFICE INDICATES CLIENT DECEASED</p> <p><input type="checkbox"/> CHANGE IN BENEFIT LEVEL DUE TO UPDATED INFORMATION RECEIVED IN CENTRAL OFFICE</p> <p><input type="checkbox"/> DUPLICATE APPLICATION</p> <p><input type="checkbox"/> OTHER (SPECIFY) _____</p> <p>AN EA-11 FORM AND ECHG SCREEN COPY <b>MUST BE SUBMITTED TO CENTRAL OFFICE IN ORDER FOR A CHECK(S) TO BE REISSUED.</b></p>		

**ENERGY ASSISTANCE CHECK REISSUANCE REQUEST (EA-11)**

**Purpose:** To provide notification to the LIHEAP Central Office Unit that a cancelled Energy Assistance check is to be reissued.

**Number of Copies:** Two copies; original will be sent to the LIHEAP Central Office Unit and a copy will be filed in the case record.

**Instructions for Completion:** This form may be typed or printed in ink.

**County:** Enter the name of the county requesting the check reissuance.

**Date:** Enter the date the form is completed and submitted to the LIHEAP Central Office Unit.

**HOH/Applicant Name:** Enter the head of household/applicant's name.

**Social Security Number:** Enter Social Security Number of head of household/applicant.

**Check Number:** Enter check number of prior Energy Assistance check that was cancelled. This can be located on the LIHEAP – Payment Information (E1PY) Screen or the LIHEAP Registration (E1RG) Screen.

**Date:** Enter the date of the cancelled Energy Assistance check.

**Amount:** Enter the amount of the cancelled Energy Assistance check. Attach a copy of the LIHEAP – Payment Information (E1PY) Screen, the LIHEAP Registration (E1RG) Screen or the LIHEAP Worksheet (E1LW) Screen to this form to support a change in the following: Check the appropriate box. NOTE: ECHG is no longer in use.

**EA Coordinator Signature:** Supervisor will sign this form.



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

**ENERGY ASSISTANCE CHECK REISSUANCE REQUEST**

COUNTY	DATE	TO: FAMILY SUPPORT DIVISION ENERGY ASSISTANCE UNIT P.O. BOX 88 JEFFERSON CITY, MO 65103
H O H NAME		
SOCIAL SECURITY NUMBER		

☐ THE ENERGY ASSISTANCE CHECK IDENTIFIED BELOW HAS BEEN REPORTED AS BEING CANCELLED, RE-ISSUANCE OF THIS CHECK IS BEING REQUESTED.

CHECK NUMBER	DATE	AMOUNT
--------------	------	--------

AN ECHG SCREEN COPY IS ATTACHED TO THIS FORM INDICATING A CHANGE IN THE FOLLOWING:

- ☐ CHANGE OF ADDRESS
- ☐ NAME OF HEAD OF HOUSEHOLD
- ☐ CHANGE IN BENEFIT LEVEL DUE TO CORRECTION IN ELIGIBILITY CRITERIA
- ☐ OTHER (SPECIFY) ► \_\_\_\_\_

SIGNED ► EA COORDINATOR SIGNATURE

**DCN UPDATE COVER SHEET**

**Purpose:** To provide a method for notifying the FSD LIHEAP staff of corrections required when a member of a household's last, first or middle name, date of birth, gender or social security number (SSN) needs to be updated or corrected in the Department of Social Service (DSS) Common Area. **NOTE:** This form should not be used to add a DCN to the DSS Common area as each agency has staff assigned to add DCN's.

Supporting documentation should be included with this document. The cover sheet should be filled out completely. **NOTE:** Copies of LIHEAP or FAMIS screens should not be included with the documents. All of the information required by the FSD LIHEAP staff in order to process the request is documented in the member information boxes. The only box that will require a check mark is the field requiring an update/correction.

This DCN Update cover sheet should be faxed or scanned via email to the FSD LIHEAP staff once it has been completed and supporting documentation has been obtained.

**To:** This field has been pre-populated with the FSD LIHEAP staff.

**Fax:** This field has been pre-populated with the FSD LIHEAP staff's fax number

**Scan:** This field has been pre-populated with the FSD LIHEAP staff's email address for scanning purposes.

**From:** Enter the name of the employee requesting the common area update/correction.

**Pages:** Enter the number of pages being sent including the cover sheet.

**Date:** Enter today's date.

**Email:** Enter the email address of the agency employee requesting the common area update/correction. **NOTE:** This is a required field.

**Member Name:** Enter the name of the member whose information needs an update/correction.

**Member DCN:** Enter the Departmental Client Number (DCN) of the member whose information needs an update/correction.

**Member SSN:** Enter the SSN of the member whose information needs an update/correction.

**Member DOB:** Enter the date of birth for the member whose information needs an update/correction.

FAMILY SUPPORT DIVISION  
LIHEAP  
PO BOX 2320  
JEFFERSON CITY, MO 65102-2320  
(573) 751-6789

## DCN UPDATE COVER SHEET

To: FSD LIHEAP Staff

From: \_\_\_\_\_

Fax: (573) 522-9557 OR

Pages: \_\_\_\_\_

Scan: FSD.LIHEAP@dss.mo.gov

Date: \_\_\_\_\_

Email: **(Required)** \_\_\_\_\_

\* Include supporting documentation. Some examples would be social security card, marriage license, birth certificate or divorce decree (This list is not all inclusive). All member fields must be completed using the Member Name, Member DCN, Member SSN and Member DOB as they currently appear in the Department of Social Services (DSS) Common Area. Place check mark in field needing correction/update. The supporting documentation will provide the information as it should appear in the DSS Common Area. **Do not include copies of screen prints.**

- |                                      |       |
|--------------------------------------|-------|
| <input type="checkbox"/> Member Name | _____ |
| <input type="checkbox"/> Member DCN  | _____ |
| <input type="checkbox"/> Member SSN  | _____ |
| <input type="checkbox"/> Member DOB  | _____ |

- |                                      |       |
|--------------------------------------|-------|
| <input type="checkbox"/> Member Name | _____ |
| <input type="checkbox"/> Member DCN  | _____ |
| <input type="checkbox"/> Member SSN  | _____ |
| <input type="checkbox"/> Member DOB  | _____ |

- |                                      |       |
|--------------------------------------|-------|
| <input type="checkbox"/> Member Name | _____ |
| <input type="checkbox"/> Member DCN  | _____ |
| <input type="checkbox"/> Member SSN  | _____ |
| <input type="checkbox"/> Member DOB  | _____ |

- |                                      |       |
|--------------------------------------|-------|
| <input type="checkbox"/> Member Name | _____ |
| <input type="checkbox"/> Member DCN  | _____ |
| <input type="checkbox"/> Member SSN  | _____ |
| <input type="checkbox"/> Member DOB  | _____ |

## APPLICATION FOR STATE HEARING (IM-87)

**Purpose:** To provide a method of applying for a state administrative hearing. This form is to be used by the applicant or his/her authorized representative, friend, relative, or legal representative who is disputing a decision made regarding the applicant's Energy Assistance (EA) or Energy Crisis Intervention Program (ECIP) application/case. The IM-87 is also used by other Divisions within the Department of Social Services (DSS).

**Number of Copies** - The original IM-87 must be included in the original hearing packet and a copy of the IM-87 must be included in each of the three (3) copies of the hearing packet.

**Instructions for Completion** - The IM-87 will be completed in print or type as follows:

The person requesting the hearing is referred to as the "claimant".

### Gray Area – To be Completed by Agency Staff:

- Field 1. Category Being Appealed** - Enter a checkmark in the box for the "LIHEAP" category.
- Field 2. DWD/MWA** - N/A
- Field 3. Sanctioned Individual (for DWD/MWA Hearing)** - N/A
- Field 4. SSN of Sanctioned Individual (DWD/MWA Hearing)** - Enter the applicant's SSN.
- Field 5. Case Name** - Enter the applicant's name.
- Field 6. Case DCN** - Enter the applicant's Departmental Client Number (DCN).
- Field 7. Supercase Number** - N/A
- Field 8. County** - Enter the county in which the applicant resides.
- Field 9. Claimant is Appealing (Check One)** - Enter a checkmark in the box for the "Other" category.
- Field 10. Date of Action Notice for Which Hearing is Requested** - Enter the date of the action notice (e.g. EA-6, etc.) that is being appealed.
- Field 11. Date Hearing Requested** – a) Enter the date the claimant verbally requested the hearing in person or over the telephone; **OR** b) Enter the date on which the agency received a written request for a hearing (via mail, fax, or the claimant delivered his/her written request).
- Field 12. Reason for Planned Action or Decision by Agency:** a) Enter a brief statement of the proposed action by the agency or the action already taken by the agency and the basis for this action; **AND** b) the agency's name, agency's complete mailing address, and agency staff member's name and telephone number (staff member who will be participating in/attending hearing).

### White Area – To be Completed by the Claimant:

If the claimant requests the hearing in person, he/she or his/her representative will complete this section of the form, if they are able to do so. Agency staff may also complete this section of the form by entering the claimant's or representative's statements.

If the hearing request is received in writing (via mail, fax, or delivered in person), the agency will submit the claimant's original written request with the IM-87.

If the hearing request is received via telephone, the agency will complete this section.

- Field 13. Name of the Person Requesting this Hearing (Referred to as Claimant)** - Enter the applicant's first name, middle name/initial, and last name.
- Field 14. Telephone Number** - Enter the applicant's telephone number.
- Field 15. Household Mailing Address (Street, Rural Route, or PO Box, City, State, Zip Code)** - Enter the applicant's complete mailing address.
- Field 16. Claimant: State Plainly the Reason You are Requesting a Hearing** - Enter the claimant's or representative's statement as to why he/she is requesting a hearing. If the hearing request is received in writing, submit original written request with the IM-87.
- Field 17. Food Stamp, Temporary Assistance and/or Mo Healthnet Recipients** - N/A  
Therefore, a response to Field 19 and Field 20 is not required.
- Field 21. Claimant's Representative: Name** - If applicable, enter the name of the claimant's representative.
- Field 22. Representative Telephone Number** - If applicable, enter the telephone number of the claimant's representative.
- Field 23. Claimant's Representative: Address** - If applicable, enter the complete mailing address of the claimant's representative.
- Field 24. Claimant's Signature (or Signature of Claimant's Representative):** The claimant or his/her representative will sign the form. If the claimant or his/her representative is not present, agency staff will enter a notation such as: "Claimant requested hearing by phone (or mail, fax, etc)." The Hearings Officer may request the claimant or his/her representative sign the form at the hearing.
- Field 25. Date:** Enter the date the claimant or his/her representative or agency staff member completes the IM-87.

**Gray Area – To be Completed by Agency Staff:**

- Field 18. Eligibility Specialist Schedule & Scheduled Time Off:**  
**Eligibility Specialist's Name:** Enter the agency staff member's name who will be participating in/attending the hearing.  
**Normal Daily Work Schedule:** Enter the agency staff member's normal daily work schedule.  
**Upcoming Scheduled Time Off:** Enter any upcoming scheduled time off for the agency staff member.

**Gray Area – To be Completed by the FSD Income Maintenance Customer Service Center**

- Field 26. Date Hearing Request Submitted to Hearings Unit** – N/A  
**Field 27. Date Exhibits or Follow-up Documents Mailed to Hearings Unit** – N/A  
**Field 28. Signature of Eligibility Specialist** – N/A  
**Field 30. Signature of Supervisor** – N/A

**Gray Area – To be Completed by Division of Legal Services:**

- Field 29. Date IM-87 Received by Hearings Unit** - N/A



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
APPLICATION FOR STATE HEARING

<b>1. CATEGORY BEING APPEALED</b> <table border="0"><tr><td><input type="checkbox"/> 1619</td><td><input type="checkbox"/> LIHEAP</td><td><input type="checkbox"/> MHABD-VEN</td><td><input type="checkbox"/> MOCDD (Sara Lopez Waiver)</td><td><input type="checkbox"/> SLMB</td><td><input type="checkbox"/> SUPP AB</td></tr><tr><td><input type="checkbox"/> BCCT</td><td><input type="checkbox"/> EMCIA</td><td><input type="checkbox"/> MHCC</td><td><input type="checkbox"/> MPW</td><td><input type="checkbox"/> SNC</td><td><input type="checkbox"/> TEMP ASSIST</td></tr><tr><td><input type="checkbox"/> BP</td><td><input type="checkbox"/> EWHS</td><td><input type="checkbox"/> MHDC</td><td><input type="checkbox"/> PE For Kids/Pregnant Women</td><td><input type="checkbox"/> SP</td><td><input type="checkbox"/> TWHA</td></tr><tr><td><input type="checkbox"/> CC</td><td><input type="checkbox"/> FS</td><td><input type="checkbox"/> MHF</td><td><input type="checkbox"/> QDWI</td><td><input type="checkbox"/> SSI</td><td><input type="checkbox"/> UWHS</td></tr><tr><td><input type="checkbox"/> CCP</td><td><input type="checkbox"/> MHABD</td><td><input type="checkbox"/> MHK</td><td><input type="checkbox"/> QMB</td><td><input type="checkbox"/> SSI-SP</td><td><input type="checkbox"/> OTHER</td></tr></table>						<input type="checkbox"/> 1619	<input type="checkbox"/> LIHEAP	<input type="checkbox"/> MHABD-VEN	<input type="checkbox"/> MOCDD (Sara Lopez Waiver)	<input type="checkbox"/> SLMB	<input type="checkbox"/> SUPP AB	<input type="checkbox"/> BCCT	<input type="checkbox"/> EMCIA	<input type="checkbox"/> MHCC	<input type="checkbox"/> MPW	<input type="checkbox"/> SNC	<input type="checkbox"/> TEMP ASSIST	<input type="checkbox"/> BP	<input type="checkbox"/> EWHS	<input type="checkbox"/> MHDC	<input type="checkbox"/> PE For Kids/Pregnant Women	<input type="checkbox"/> SP	<input type="checkbox"/> TWHA	<input type="checkbox"/> CC	<input type="checkbox"/> FS	<input type="checkbox"/> MHF	<input type="checkbox"/> QDWI	<input type="checkbox"/> SSI	<input type="checkbox"/> UWHS	<input type="checkbox"/> CCP	<input type="checkbox"/> MHABD	<input type="checkbox"/> MHK	<input type="checkbox"/> QMB	<input type="checkbox"/> SSI-SP	<input type="checkbox"/> OTHER
<input type="checkbox"/> 1619	<input type="checkbox"/> LIHEAP	<input type="checkbox"/> MHABD-VEN	<input type="checkbox"/> MOCDD (Sara Lopez Waiver)	<input type="checkbox"/> SLMB	<input type="checkbox"/> SUPP AB																														
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<input type="checkbox"/> CC	<input type="checkbox"/> FS	<input type="checkbox"/> MHF	<input type="checkbox"/> QDWI	<input type="checkbox"/> SSI	<input type="checkbox"/> UWHS																														
<input type="checkbox"/> CCP	<input type="checkbox"/> MHABD	<input type="checkbox"/> MHK	<input type="checkbox"/> QMB	<input type="checkbox"/> SSI-SP	<input type="checkbox"/> OTHER																														
<b>2. DWD/MWA</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>3. SANCTIONED INDIVIDUAL (FOR DWD/MWA HEARING)</b>		<b>4. SSN OF SANCTIONED INDIVIDUAL (DWD/MWA HEARING)</b>																															
<b>5. CASE NAME</b>		<b>6. CASE DCN</b>		<b>7. SUPERCASE NUMBER</b>																															
<b>8. COUNTY</b>		<b>9. CLAIMANT IS APPEALING (CHECK ONE)</b> <input type="checkbox"/> REJECTION <input type="checkbox"/> GRANT AMOUNT/ISSUANCE <input type="checkbox"/> CLOSING <input type="checkbox"/> DELAY <input type="checkbox"/> OTHER		<b>10. DATE OF ACTION NOTICE FOR WHICH HEARING IS REQUESTED</b>																															
<b>11. DATE HEARING REQUESTED</b>																																			
<b>12. REASON FOR PLANNED ACTION OR DECISION BY AGENCY</b>																																			
<b>COMPLETED BY CLAIMANT</b>																																			
<b>13. NAME OF THE PERSON REQUESTING THIS HEARING (REFERRED TO AS CLAIMANT)</b>					<b>14. TELEPHONE NUMBER</b>																														
<b>15. HOUSEHOLD MAILING ADDRESS (STREET, RURAL ROUTE, OR P O BOX, CITY, STATE, ZIP CODE)</b>																																			
STATE OF MISSOURI, I hereby make application for a hearing provided by state law or department regulations.																																			
<b>16. CLAIMANT: STATE PLAINLY THE REASON YOU ARE REQUESTING A HEARING.</b>																																			
<b>17. FOOD STAMP, TEMPORARY ASSISTANCE AND/OR MO HEALTHNET RECIPIENTS</b> <p>If you are still certified for Food Stamps (FS), receiving Temporary Assistance (TA) and/or MO HealthNet, you may choose to continue receiving benefits while your hearing is pending. If the hearing decision shows that the plan to reduce your benefits or close your case was correct, you or your household will be responsible for repaying the amount of benefits you received and were not entitled to receive while your hearing was pending. If you elect to discontinue receiving benefits while your hearing is pending and the hearing decision is ruled in your favor, any lost benefits will be restored to you.</p> <p>Please check one of these boxes:</p> <p>19. I wish to continue receiving <input type="checkbox"/> FS <input type="checkbox"/> TA <input type="checkbox"/> MO HealthNet while my hearing is pending.</p> <p>20. I do not wish to continue receiving <input type="checkbox"/> FS <input type="checkbox"/> TA <input type="checkbox"/> MO HealthNet while my hearing is pending.</p>			<b>COMPLETED BY AGENCY</b> <b>18. ELIGIBILITY SPECIALIST SCHEDULE &amp; SCHEDULED TIME OFF:</b> ELIGIBILITY SPECIALIST'S NAME: <table border="1"><thead><tr><th colspan="2">NORMAL DAILY WORK SCHEDULE:</th></tr></thead><tbody><tr><td>Monday</td><td>to</td></tr><tr><td>Tuesday</td><td>to</td></tr><tr><td>Wednesday</td><td>to</td></tr><tr><td>Thursday</td><td>to</td></tr><tr><td>Friday</td><td>to</td></tr></tbody></table> <table border="1"><thead><tr><th colspan="2">UPCOMING SCHEDULED TIME OFF:</th></tr></thead><tbody><tr><td>Date(s)</td><td>to</td></tr><tr><td>Date(s)</td><td>to</td></tr><tr><td>Date(s)</td><td>to</td></tr><tr><td>Date(s)</td><td>to</td></tr></tbody></table>			NORMAL DAILY WORK SCHEDULE:		Monday	to	Tuesday	to	Wednesday	to	Thursday	to	Friday	to	UPCOMING SCHEDULED TIME OFF:		Date(s)	to	Date(s)	to	Date(s)	to	Date(s)	to								
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Date(s)	to																																		
<b>21. CLAIMANT'S REPRESENTATIVE: NAME</b>				<b>22. REPRESENTATIVE TELEPHONE NUMBER</b>																															
<b>23. CLAIMANT'S REPRESENTATIVE: ADDRESS</b>																																			
<b>24. CLAIMANT'S SIGNATURE (OR SIGNATURE OF CLAIMANT'S REPRESENTATIVE)</b>				<b>25. DATE</b>																															
<b>COMPLETED BY AGENCY</b>																																			
<b>26. DATE HEARING REQUEST SUBMITTED TO HEARINGS UNIT</b>			<b>27. DATE EXHIBITS OR FOLLOW-UP DOCUMENTS MAILED TO HEARINGS UNIT</b>																																
<b>28. SIGNATURE OF ELIGIBILITY SPECIALIST</b>			<b>29. DATE IM-87 RECEIVED BY HEARINGS UNIT</b>																																
<b>30. SIGNATURE OF SUPERVISOR</b>																																			



**AFFIDAVIT FOR REPLACEMENT CHECK (IM-214)**

**Purpose:** For the applicant to provide a sworn statement of loss, destruction or non-receipt of a check. The check must be outstanding when a claim is made.

**Number of Copies and Distribution:** Two copies; original will be sent to the FSD LIHEAP staff and a copy will be filed in the case record. The affidavit should be mailed on or before the next business day after it is completed.

**Instruction for Completion** This form may be typed or printed in ink. **NOTE:** It is important to use extreme care to ensure all information is accurate.

**Claimant (Applicant) Name:** Enter the applicant's name.

**County:** Enter the county the applicant lives in.

**Date of Check:** Enter the date of the check. This information can be located on the LIHEAP Registration (E1RG) Screen or the LIHEAP – Payment (E1PY) Screen.

**Check Number:** Enter the check number. This information can be located on the LIHEAP Registration (E1RG) Screen or the LIHEAP – Payment (E1PY) Screen.

**Amount of Check:** Enter the amount of the energy assistance check. This information can be located on the LIHEAP Registration (E1RG) Screen or the LIHEAP – Payment (E1PY) Screen.

**Name or Names on Check Payable To:** Enter the name on the check. This would be the person identified as the account holder on the LIHEAP Member (E1MM) Screen.

**Statement:** Check the box that applies to indicate why the check is being reported as not received.

**Signature/Address:** The claimant (Applicant) must sign their full name and enter their current home address. **NOTE:** This must be signed in the presence of a notary.

**DCN:** The claimant (Applicant) should enter their DCN. If this is not known, the agency Staff Member may provide this information.

The remainder of the document is completed by the notary.

Mail the affidavit for Replacement Check to:

Family Support Division  
ATTN: FSD LIHEAP  
615 Howerton Court  
P.O. Box 2320  
Jefferson City, MO 65102-2320



STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
**AFFIDAVIT FOR REPLACEMENT CHECK**

CLAIMANT NAME		COUNTY
DATE OF CHECK	CHECK NUMBER	AMOUNT OF CHECK

NAME OR NAMES ON CHECK (PAYABLE TO)
-------------------------------------

I, the above named claimant, state the following:

The check identified above has: (mark one)

- ☐ never been received;  
☐ been destroyed;  
☐ been received, but was lost;  
☐ other \_\_\_\_\_

In addition, I state I have never received the dollar amount of the check or any portion of it either directly or indirectly.

Further, I know that it is a violation of the criminal law of the State of Missouri to knowingly make a false affidavit for the purpose of procuring a replacement check for a lost or destroyed check or to negotiate the original state check for which I have caused a replacement check to be issued.

Further, I state that if a replacement check is issued to replace the lost original state check and the original check is then found, the original check will be mailed directly to the Office of the Treasurer of the State of Missouri.

Replacement checks will be mailed to the originating office.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	CLAIMANT SIGNATURE	DCN NO. OR DVN NO
		

ADDRESS (STREET, CITY, STATE, ZIP)
------------------------------------

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

**PLEASE READ THIS INFORMATION CAREFULLY**

**WHEN TO USE THE AFFIDAVIT FOR REPLACEMENT CHECK (IM-214)**

Use this form when a check is reported as lost, stolen, destroyed, or not received. Before completing this affidavit, the county is **REQUIRED** to call the Division of Budget and Finance to check the status of the check. (The DBF phone number is 573-526-1811.)

The only time a stop payment should be placed on a check is when the client is eligible for the check and the county is going to follow up with an IM-214 for replacement.

A stop payment is required to be in place before the affidavit is completed or the affidavit will be voided.

Use extreme care to accurately complete the affidavit. Complete the form in ink or type. Mail or send by fax to the Division of Budget and Finance on or before the next business day after the affidavit has been notarized. (The DBF fax number is 573-526-6047.) If notarized with a raised seal, **DO NOT FAX**. Mail the original affidavit to DBF. Keep copies in the case record.

**COMPLETION INSTRUCTIONS – ALL FIELDS ARE REQUIRED**

CLAIMANT NAME – Name of client requesting replacement

COUNTY – Requesting county

DATE OF CHECK – Enter month, day, and year the check was issued

CHECK NUMBER – Enter check number in its entirety; 1 alpha character and 8 numerical digits. Example: K01234567

AMOUNT OF CHECK – Enter dollar amount of the check

NAME OR NAMES ON CHECK (PAYABLE TO) – Enter name or names the check was payable to

CLAIMANT SIGNATURE – Client signs the form while in the presence of the notary public or the DSS employee who is taking the claimant's statement. If the check is payable to more than one claimant, both parties will need to sign.

DCN NO. OR DVN NO. – Enter client's IM case number or provider's vendor number

ADDRESS – Enter client's current address

**NOTARY INFORMATION REQUIRED**

IF THE AFFIDAVIT IS SIGNED IN THE PRESENCE OF A NOTARY PUBLIC, the notary will complete this section.

IF THE AFFIDAVIT IS SIGNED IN THE PRESENCE OF AN EMPLOYEE, the employee needs to complete the following:

STATE – Enter state name

COUNTY – Enter county name (or City of St. Louis)

SUBSCRIBED AND SWORN BEFORE ME – Enter date client signs the affidavit

NOTARY PUBLIC SIGNATURE – Line through the word "PUBLIC" and sign in space

NOTARY PUBLIC NAME – Line through the word "PUBLIC" and print name in space

NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL – Line through the word "PUBLIC" and stamp with authorized stamp. The authorized DSS stamp states the following: "As provided in Section 207.020, RSMo, subscribed and sworn before me by the payee of this check under the authority of the Division of Family Services."

**DO NOT** imprint the stamp in the block labeled "USE RUBBER STAMP IN CLEAR AREA BELOW" in the lower right hand corner. This space is for the notary public's use.

**AFFIDAVIT OF FORGERY (IM-215)**

**Purpose:** For the applicant to provide a sworn statement that the signature on the Energy Assistance check is a forgery. If, after viewing a copy of the cashed check, the applicant claims the signature was forged, this affidavit should be completed.

**Number of Copies and Distribution:** Two copies; original will be sent to the FSD LIHEAP staff and a copy will be filed in the case record. The affidavit should be mailed on or before the next business day after it is completed.

**Instruction for Completion** This form may be typed or printed in ink. **NOTE:** It is important to use extreme care to ensure all information is accurate. This affidavit must not contain any erasures or typographical errors.

**Claimant (Applicant) Name:** Enter the applicant's name.

**County:** Enter the county the applicant lives in.

**Date of Check:** Enter the date of the check. The date should include the month, day and year of the check. This information can be located on the LIHEAP Registration (E1RG) Screen or the LIHEAP-Payment (E1PY) Screen.

**Check Number:** Enter the check number. This information can be located on the LIHEAP Registration (E1RG) Screen or the LIHEAP Payment (E1PY) Screen.

**Amount of Check:** Enter the amount of the Energy Assistance check. This information can be located on the LIHEAP Registration (E1RG) Screen or the LIHEAP Payment (E1PY) Screen.

**Name or Names on Check (Payable To):** Enter the name on the check. This would be the person identified as the account holder on the LIHEAP Member (E1MM) Screen.

**Signature/Address:** The claimant (Applicant) must sign their full name and enter their current home address. **NOTE:** This must be signed in the presence of a notary.

**DCN:** The claimant (Applicant) should enter their DCN. If this is not known, the agency Staff Member may provide this information.

**Caseworker Name/Telephone Number:** Enter the name and phone number of the agency staff person that is assisting the claimant (applicant).

The remainder of the document is completed by the notary.

Mail the affidavit for Replacement Check to:

Family Support Division  
ATTN: FSD LIHEAP  
615 Howerton Court  
P.O. Box 2320  
Jefferson City, MO 65102-2320



STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
**AFFIDAVIT OF FORGERY**

CLAIMANT NAME		COUNTY
DATE OF CHECK (MONTH, DAY, YEAR)	CHECK NUMBER	AMOUNT OF CHECK \$

NAME OR NAMES ON CHECK (PAYABLE TO)
-------------------------------------

<p>I, the claimant named above, declare that I have examined the endorsement on the check specified above (copy attached) and state that I did <b>not</b> write this endorsement, authorize or procure it to be written, nor do I know the person who forged the endorsement. I further declare that I did not receive the dollar amount of the check or any portion of it, either directly or indirectly.</p>
--

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	CLAIMANT SIGNATURE 
---	---

ADDRESS (STREET, P.O. BOX, CITY, STATE, ZIP CODE)
---

CLAIMANT SIGNATURE	CLAIMANT SIGNATURE
CLAIMANT SIGNATURE	CLAIMANT SIGNATURE
CLAIMANT SIGNATURE	CLAIMANT SIGNATURE

<p>Forgery replacement checks will be mailed to the originating office.</p>
---

DCN NO. OR DVN NO.	CASEWORKER NAME	CASEWORKER TELEPHONE NUMBER
--------------------	-----------------	-----------------------------

NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		

**PLEASE READ THIS INFORMATION CAREFULLY**  
**WHEN TO USE THE AFFIDAVIT OF FORGERY (IM-215)**

The Affidavit of Forgery is a sworn statement by the payee that the signature on the check is a forgery. It is required by the Division of Budget and Finance that the client view a photostat copy of the cashed check before an IM-215 is completed. Use this form if after viewing the check copy, the client claims her/his signature was forged and nor do they know the person who forged the endorsement.

Complete the form in ink or type. Send the original affidavit to the Division of Budget and Finance on or before the next business day after the form is completed. DBF requires the original IM-215 to process forgery affidavits.

**COMPLETION INSTRUCTIONS – ALL FIELDS ARE REQUIRED**

Use extreme care to accurately complete this form. Erasures or typographical errors WILL NOT be allowed. The affidavit will be sent back "VOIDED."

CLAIMANT NAME – Name of client requesting forgery

COUNTY – County generating the IM-215

DATE OF CHECK – Enter month, day, and year the check was issued

CHECK NUMBER – Enter check number in its entirety; 1 alpha character and 8 numerical digits. Example: K01234567

AMOUNT OF CHECK – Enter dollar amount of the check

NAME OR NAMES ON CHECK (PAYABLE TO) – Enter name or names the check was payable to

CLAIMANT SIGNATURE – Client/clients (all the parties for whom the check is made payable to) are required to sign on the signature line and the six additional signature lines while in the presence of the notary public or the DSS employee who is taking the claimant's statement.

ADDRESS – Enter claimant's current address

DCN NO. OR DVN NO. – Enter claimant's IM case number or provider's vendor number

CASEWORKER NAME – Enter caseworker's name

CASEWORKER TELEPHONE NUMBER – Enter case worker's telephone number

**NOTARY INFORMATION REQUIRED**

IF THE AFFIDAVIT IS SIGNED IN THE PRESENCE OF A NOTARY PUBLIC, the notary will complete this section.

IF THE AFFIDAVIT IS SIGNED IN THE PRESENCE OF AN EMPLOYEE, the employee needs to complete the following:

STATE – Enter state name

COUNTY – Enter county name (or City of St. Louis)

SUBSCRIBED AND SWORN BEFORE ME – Enter date client signs the affidavit

NOTARY PUBLIC SIGNATURE – Line through the word "PUBLIC" and sign in space

NOTARY PUBLIC NAME – Line through the word "PUBLIC" and print name in space

NOTARY PUBLIC EMBOSSESSER OR BLACK INK RUBBER STAMP SEAL – Line through the word "PUBLIC" and stamp with authorized stamp. The authorized DSS stamp states the following: "As provided in Section 207.020, RSMo, subscribed and sworn before me by the payee of this check under the authority of the Division of Family Services."

DO NOT imprint the stamp in the block labeled "USE RUBBER STAMP IN CLEAR AREA BELOW" in the lower right hand corner. This space is for the notary public's use.

**DSS CONFIDENTIALITY & INFORMATION SECURITY AGREEMENT**

The individual reads the Confidentiality and Information Security Agreement. If the individual understands the terms and conditions, they should print their name, sign their name, enter their Social Security Number and date the document.

**FORM FA 700**

The individual reads the Confidentiality Agreement and the legal information. The individual will print their name, sign their name, enter their Social Security Number and enter the date on each page of this two-page document.

**FORM FA 701****Action Requested:**

Enter an "X" in the box to the left of Add a New User.

**Employee or Requestor Information:**

Number 1: Print the individual's name and enter the individual's Social Security Number.

Number 2: Place an "X" in the box to the left of Contractor/Volunteer.

Number 3 and 4: Leave blank.

Number 5: Enter the name and address of the office where the individual works.

Number 6: Enter the phone and fax number where the individual works.

Number 7: Enter the name of the agency.

Number 8: The individual signs, enters their job title and date.

**FORM FA 702****Name of Requester:**

Print the name of the individual requesting access to FAMIS.

**Profile:**

Place an "X" in the box under the column labeled A to the left of the line with EAW.

**Signature (person requesting access):**

The individual requesting access reads the agreement. The individual will sign their name, enter their title, Social Security Number, and the date.

**Supervisor:**

The designated supervisor signs in the area and enters the date.  
Mail all the original security forms to:

Family Support Division  
Attention: FSD LIHEAP  
615 Howerton Court  
P.O. Box 2320  
Jefferson City MO 65102-2320

A photocopy of this form should be retained by the agency and by the individual employee.

**NOTE:** Original forms with original signatures must be received by the FSD LIHEAP before security access is processed. Faxed forms will no longer be acceptable to add users to the EA system.

**NOTE:** To delete access, no paperwork is required. Verbal or email requests are acceptable.





STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
**ACCESS REQUEST**

**I. IDENTIFYING INFORMATION SECTION**

SOCIAL SECURITY NUMBER

USERID

NAME (LAST, FIRST, MI)

CONTRACT WORKER

☐ YES ☐ NO

CONTRACTING AGENCY'S NAME

DEPARTMENT

DIVISION

COUNTY NAME

FIPS NUMBER

SECTION/UNIT

WORK ADDRESS

CITY

STATE

ZIP CODE

WORK TELEPHONE NUMBER

JOB TITLE

**II. ACTION SECTION**

ACTION REQUESTED

☐ ADD USERID

☐ ADD ADDITIONAL USERID

☐ DELETE ACCESS

☐ ADD ACCESS

☐ REPLACE ACCESS

☐ DELETE USERID

EFFECTIVE DATE OF ACTION (MONTH/DAY/YEAR)

CHANGE IDENTIFYING INFORMATION

PREVIOUS

NEW

**III. ACCESS SECTION**

E-MAIL

DO YOU ALSO NEED AN INTERNET MAIL ID?

☐ YES ☐ NO

COMMENTS:

**IV. CONFIDENTIALITY/SIGNATURE SECTION**

I, the undersigned, an employee or authorized contract representative of the State of Missouri, understand that approval and assignment of the requested ID or approval of the requested change enables me to access the resources, which by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates except in the performance of my official duties. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use, and/or disclosure of information. Violations or disclosures on my part may result in disciplinary action that may include one or all of the following: (1) suspension, (2) civil court action and (3) dismissal. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my password with anyone.

REQUESTOR (SIGNATURE)

DATE

SUPERVISOR/SECURITY COORDINATOR (SIGNATURE)

DATE

DIVISIONAL SECURITY OFFICER(S) (SIGNATURE)

DATE

## INSTRUCTIONS FOR ACCESS REQUEST COMPLETION (DDP-137)

### IDENTIFYING INFORMATION SECTION

**SOCIAL SECURITY NUMBER:** The Social Security Number of the user for whom this action is being taken. **REQUIRED**

**USER ID:** The user ID of the user for whom this action is being taken. **REQUIRED** except when the request is for a new user.

**NAME:** The name of the user for whom this action is being taken. **REQUIRED**

**CONTRACT WORKER:** Check **YES** if the user for whom this action is being taken is not an employee of the Department of Social Services or the Department of Health and Senior Services. Check **NO** if the user for whom this action is being taken is an employee of the Department of Social Services or the Department of Health and Senior Services. **REQUIRED**

**CONTRACTING AGENCY'S NAME:** Name of agency user is contracted by. **REQUIRED** only if contract worker.

**DEPARTMENT:** The name of the department for which this user is working. **REQUIRED**

**DIVISION:** The name of the division for which this user is working. **REQUIRED**

**COUNTY NAME & FIPS NUMBER:** The name and fips code of the county for which this user is working. **REQUIRED**

**SECTION/UNIT:** The name of the Section/Unit for which this user is working. **REQUIRED**

**WORK ADDRESS:** The name and address of the building for which this user is working. (Include street or post office box, city, state and zip code.) **REQUIRED** except when request is to delete access.

**WORK TELEPHONE NUMBER:** Work telephone number is where this user can be contacted. **REQUIRED** except when request is to delete access.

**JOB TITLE:** The job title for whom this action is being taken.

### ACTION SECTION

**ACTION REQUESTED: REQUIRED**

Check one of the following options:

Add UserId

Add Access (Any existing access will be retained)

Add Additional UserId (Only if user already has a userid and is requesting an additional one)

Replace Access (All existing access will be removed and replaced with new)

Delete Access (To delete specified access)

Delete UserId (To delete userid and all access)

**EFFECTIVE DATE OF ACTION:** If this action is not to be completed immediately, fill in the date for when form is to be worked.

Example: Someone is retiring or leaving, and you don't want their access removed until this date.

**CHANGE IDENTIFYING INFORMATION:** Fill in with appropriate information.

If change is user's name, fill in Previous and New field with old and new name.

If change is a county change, fill in Previous and New field with old and new county name.\*

(\*NOTE\* County can only be changed by new county if old county sends in the request it will be worked as a delete from old county only.\*)

### ACCESS SECTION

**E-MAIL:** Fill in with appropriate type of E-mail. **REQUIRED** only if e-mail is being requested.

**INTERNET E-MAIL ID:** **REQUIRED** only if Internet/Morenet userid is needed. Check either Yes or No.

**COMMENTS:** Any information that will assist in processing this request.

**ADD ACCESS:** List any RACF group or application needing access to. Examples: Prod - DFS\$P001, DSS\$P002 / Roscoe / TSO etc.

**\*Requesting access the same as another UserID, is not permitted.\***

### CONFIDENTIALITY/SIGNATURE SECTION

**REQUESTOR SIGNATURE:** This form must be signed in ink and dated by the user for whom this action is being taken. The signature specifies that the user has read the confidentiality statement and agrees to comply with it. **REQUIRED** except when request is to delete all the user's access to the system or eliminating access to a(n) application(s) or transaction(s).

Note: Requestor is entitled to a copy of signed form if desired. Send form to security coordinator or immediate supervisor for signature.

**SUPERVISOR/SECURITY COORDINATOR (SIGNATURE):** This form must be signed in ink and dated by the immediate supervisor or security coordinator if a security coordinator has been designated. **REQUIRED** except when request is to delete all the user's access to the system or the security officer does not require it. Send form to security officer for signature.

**DIVISIONAL SECURITY OFFICER (SIGNATURE):** This form must be signed in ink and dated by the authorized divisional security officer. **REQUIRED**



STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
**DSS CONFIDENTIALITY & INFORMATION SECURITY AGREEMENT**

This agreement applies to all Department of Social Services (DSS) workforce members including DSS employees, volunteers, contract workers, trainees, interns and other persons who are in a DSS facility or access/use DSS information systems in a regular course of business. Examples of information systems include DSS local and statewide communication networks, computers connected to these networks, laptops, Personal Digital Assistants (PDA's), database storage, electronic record systems, internet and e-mail, facsimiles, stand-alone personal computers, mainframe systems, on-line services, computer files, and production systems.

As a DSS workforce member, you may have access to confidential information and records, including information created and/or stored in any information system. You are required to keep confidential all information made available to you in the performance of your duties. You are responsible for assuring confidentiality of such information and releasing information only to authorized agencies or individuals as provided for by law and/or policy. It is your responsibility to check with supervisors/managers if unsure whether particular information is considered confidential.

You are prohibited from accessing or making inquiries or updates to information systems and/or records that are not required in the performance of your duties. For mainframe programs (e.g., child abuse records, client case records), only individuals specifically authorized by DSS may access these systems and use must be limited to work-related activities and inquiries (e.g., it is prohibited for workforce members to access information regarding themselves, friends, relatives or a case that is not in their caseload).

You are responsible for all use associated with your assigned unique User ID and password and care should be taken to protect the confidentiality of such. User IDs and passwords should not be shared with anyone under any circumstances. Use of unauthorized User IDs or passwords to gain access to information systems is prohibited.

Any written, recorded or electronically retrieved or transmitted communications that are harassing, discriminatory, defamatory, offensive, demeaning, insulting, threatening, intimidating, sexual, pornographic, inappropriate, breaching confidentiality, or in violation of copyrights is prohibited. You should immediately report to your supervisor/manager the receipt of any inappropriate, threatening and unsolicited communications, any accidental access to Internet sites, and any unauthorized use of DSS information systems by others.

You **DO NOT** have any personal privacy rights regarding your use of DSS information systems. Your **USE** of DSS information systems indicates that you understand and **CONSENT** to DSS' right to inspect and audit all such use. All DSS information systems and any matter created, received, accessed, stored or transmitted via DSS information systems are the property of DSS. DSS may override any individual password and access, inspect, copy and monitor your use of information systems and technology including all information transmitted by, received from, or stored on such systems any time deemed appropriate, with or without notice to you.

Electronic communications are subject to provisions of the Open Meetings and Records Law. For confidentiality purposes, caution should be used when sending work-related information of a sensitive nature (e.g., personnel matters, performance issues, and discipline issues). Any protected health information that is disclosed should be done so in accordance with the Health Insurance Portability and Accountability Act (HIPAA) provisions and DSS policy.

State and federal statutes and DSS policy require confidentiality of information and records and provide penalties for the unauthorized access, use, release and/or commission of a fraudulent act with regard to such information (refer to page 2). Violations of statutes and DSS policies may result in disciplinary action, up to and including suspension, dismissal and civil or criminal court action.

By signing this Agreement I agree to comply with its terms and conditions. Failure to read this Agreement is not an excuse for violating it. If I am a DSS employee, this form will be placed in my official DSS personnel file.

WORKFORCE MEMBER'S NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER
WORKFORCE MEMBER'S SIGNATURE	DATE

**DISTRIBUTION SECTION**

Completed forms by DSS Employees should be forwarded to the employee's official personnel file.

Completed forms for volunteers, interns, and contracted staff should be sent to the individual and address listed as follows:

NAME
ADDRESS (STREET, CITY, STATE, ZIP CODE)

## IMPORTANT NOTICE

There are many state and federal laws and regulations that safeguard client information. These laws mandate the use and protection of all facts and circumstances of the client when determining his/her eligibility. Regardless of how the information is obtained, whether by collateral, document, computer match, etc. It is to be treated confidentially. Some of the laws and regulations concerning confidentiality and your liability are listed below. This is not an all-inclusive list but just a sample of the laws and their consequences for unauthorized disclosure of confidential information.

**Health Insurance Portability and Accountability Act of 1996 (HIPAA)** - Protects the privacy of client health information and establishes civil and criminal penalties for violations of this regulation. There is a \$100 civil penalty up to a maximum of \$25,000 per year for each standard violated and a graduated criminal penalty that may escalate to a maximum of \$250,000 for particularly flagrant offenses.

**Internal Revenue Code - Section 7213 (A)** - Makes the unauthorized disclosure of Federal Tax Returns or return information a felony punishable by a \$5,000 fine, up to five years imprisonment or both, together with the costs of prosecution. Unauthorized disclosure may also result in disciplinary actions, including dismissal by the Department of Social Services.

**IRS - Section 7431** permits a taxpayer to bring suit against individual staff for civil and punitive damage in U.S. District Court for willful disclosure or gross negligence. These penalties apply for unauthorized disclosures of returns and return information even after Department of Social Services employment terminates.

**IRS - Section 6103** - Prohibits a person from willfully disclosing any return or return information, except as authorized by Title 26 of the United States Code.

**IRS - Section 2651 (DEFRA)** requires that Social Security information from computer matches be treated the same as IRS data (26 U.S.C. 6103). The same penalties apply for the unauthorized disclosure of the claimant's circumstances.

**The 1997 Taxpayer Browsing Protection Act** provides a penalty for the willful, unauthorized access or inspection of federal tax information, both electronic and paper formats. Upon conviction, the criminal misdemeanor penalty is a fine of up to \$1,000 and/or imprisonment up to one year. Civil damages for finding of liability are up to \$1,000 or actual damages whichever is greater. If gross negligence or willful unauthorized inspection of disclosure, punitive damages may be assessed. **For further information, please refer to Internal Revenue Code - Section 7213 (A).**

**Income Maintenance - #42** - Section 431.300-431.307 and 208.120; **#45** - Section 205.50 - Makes the sharing or releasing of Income Maintenance information from the case record, microfiche, terminals or computerized printouts to anyone but the client a violation of the law. Workers violating this section may be sued in court, disciplined or fired.

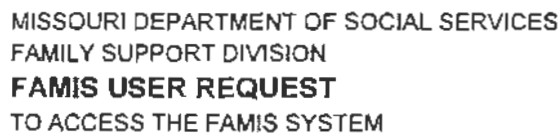
**Wage Data Utilization by the States - #45** - Section 403, PL 95-216. Wage data utilization is protected by Chapter II, Title 45, Code of Federal Regulations, parts 205 and 206. Section 272.8 Income and Eligibility Verification system - (IEVS) - requires state agencies to use IEVS. IEVS also requires states to use SAS, IRS, UIB, SEU and SSI income to determine eligibility. These regulations specify the requirements for state agencies to request wage data from the state unemployment compensation agencies.

**Unemployment Insurance - 20 CFR 603.6-7** - Information may be used only to administer specific programs and may not be shared with unauthorized persons. Violations of this section may result in suspension, fines or dismissal.

**Food Stamps - 7 CFR 272.1(c)** restricts the use of Food Stamp information obtained on applicants or recipients of Food Stamps to persons directly connected to the administration of the Food Stamp Act or regulations, other Federal assistance programs, or people who are directly connected to programs required by the Income and Eligibility Verification System (IEVS) legislation. Workers making unauthorized disclosures are in violation of the law and may be subject to suit, discipline, or termination of employment. Information released to the State agency pursuant to section 6103(1) of the Internal Revenue Code of 1954 shall be subject to the safeguards established by the Secretary of the Treasury in Section 6103(1) of the Internal Revenue Code and implemented by the Internal Revenue Service in its publication, Tax Information and Security Guidelines.

**Department of Health and Senior Services - 193.245 RSMo** - The unauthorized disclosure of information from the DHSS files is a violation of state and federal law and the worker may be found guilty of a misdemeanor.

**Missouri State Children's Services Law - 208.120, 210.110-210.150 and 453.120 RSMo.** Children's Services Procedure Handbook (A8-A9, B-7, C13-C14, D26-D27, and E17-E18). Missouri State law requires Family Support Division to determine the eligibility from all facts and circumstances surrounding the claimant, including his living conditions, earning capacity, income and resources, from whatever resource received. All reports made by the local offices and central registry shall be confidential. Any violations of Sections 210.110-201.165 shall be guilty of a Class "A" Misdemeanor (punishable by a fine of up to \$1,000 and/or a jail sentence of up to one year.) Violation of 453.120 RSMo is a Class "C" Misdemeanor. Children's Services case files contain Child Abuse, Protective Services and Alternative Care information which is restricted by these laws. Access, with the Family Support Division, is only to specific workers on a need to know basis.



Instructions Staff, contractors or volunteers wishing to access the FAMIS system must complete the following information. Local Security Coordinator may add contractor/volunteer persons that will work in the county office. State Security Administrators will add central office staff, all other contract persons and staff from other agencies.

☐ Add a New User    ☐ Request Another User ID    ☐ End FAMIS User ID of \_\_\_\_\_

☐ Revoke User    ☐ Name Change    (also Submit FSD137 for name change and termination to Central Security.)

1. FIRST NAME	MIDDLE NAME	LAST NAME	SSN
			- -

2. ☐ Central Office    ☐ Area Office    ☐ County Office  
☐ IM    ☐ CS    ☐ Clerical    ☐ Technical Support    ☐ Contractor/Volunteer

4. BASE LOCATION OFFICE NAME (IF YOU ARE A FSD EMPLOYEE, THIS MUST BE A FSD OFFICE)

6. WORK LOCATION PHONE NUMBER AND FAX NUMBER  
WORK: - - FAX: - -

8. SIGNATURE OF PERSON REQUESTING ACCESS JOB TITLE DATE

9. ENTERED INTO FAMIS BY \_\_\_\_\_ DATE \_\_\_\_\_

**YOU MUST SIGN THE CONFIDENTIALITY AGREEMENT BEFORE A USER ID IS ASSIGNED TO YOU**



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

**REQUEST FOR ACCESS TO FAMIS INFORMATION**

ACCESS OR REVOCATION OF PROFILE TO A FAMIS USER GRANTED BY LOCAL SECURITY ADMINISTRATOR

NAME OF REQUESTER	USER ID
-------------------	---------

**CHECK THE PROFILES TO "A"DD OR "R"EVOKE**

PROFILE	PROFILE ID	ACTIONS DONE	SUGGESTED AUDIENCE
<div>A R</div> <div><input type="checkbox"/> <input type="checkbox"/> Resource Directory Inquiry</div> <div><input type="checkbox"/> <input type="checkbox"/> Resource Update</div> <div><input type="checkbox"/> <input type="checkbox"/> Registered Provider Update</div> <div><input type="checkbox"/> <input type="checkbox"/> Courtesy Application</div> <div><input type="checkbox"/> <input type="checkbox"/> County Supervision</div> <div><input type="checkbox"/> <input type="checkbox"/> CC Provider Attendance</div> <div><input type="checkbox"/> <input type="checkbox"/> CC Reimburse Attendance</div> <div><input type="checkbox"/> <input type="checkbox"/> Caseload Maintenance</div> <div><input type="checkbox"/> <input type="checkbox"/> Case Transfer</div> <div><input type="checkbox"/> <input type="checkbox"/> Check Update</div> <div><input type="checkbox"/> <input type="checkbox"/> Universal Used Unrestricted</div> <div><input type="checkbox"/> <input type="checkbox"/> Caseworker</div> <div><input type="checkbox"/> <input type="checkbox"/> Supervisor</div> <div><input type="checkbox"/> <input type="checkbox"/> Clerical</div> <div><input type="checkbox"/> <input type="checkbox"/> Childrens Services</div> <div><input type="checkbox"/> <input type="checkbox"/> EAW</div>	DFS\$P701 DFS\$P702 DFS\$P703 DFS\$P705 DFS\$P720 DFS\$P721 DFS\$P722 DFS\$P723 DFS\$P724 DFS\$P734 DFS\$P735 DFS\$P752 DFS\$P753 DFS\$P754 DFS\$P757 DFS\$P762	Inquiry Resources/Reg Providers Maintain resources in Resource Directory Maintain registered CC providers  Client data update, caseload data Invoice attendance entered Client CC receipts entered Maintain caseloads & sup units Chg client address to new county To record when check returned	All Users Clerical, Caseworkers Clerical, Caseworkers, Supervisor Caseworkers, Supervisor County Directors, Supervisor Clerical, Caseworkers Clerical, Caseworkers County Director, Supervisors, Clerical Clerical, Supervisor Staff That Handles Checks Returned to County County Directors, IM Supervisors Caseworkers Supervisor Clerical CS Staff Energy Assistance Workers

☐ Revoke All Access      Revoke all profiles assigned to FAMIS User

I, the undersigned, an employee or authorized contract representative of the State of Missouri, understand that approval and assignment of the requested ID or change in access enables me to access the resources, which by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates which are not required in the performance of my official duties. I have been made aware by signing the confidentiality agreement and verbally there are numerous state and federal statutes making information confidential and that those statutes can carry penalty provisions for unauthorized disclosure of the information. Violations or disclosures on my part may result in disciplinary action that could include one or all of the following: 1) suspension; 2) civil court action; and 3) dismissal. I agree not to divulge or share my password with anyone.

SIGNATURE (PERSON REQUESTING ACCESS)	TITLE	SSN	DATE
SUPERVISOR			DATE
LOCAL SECURITY ADMINISTRATOR			DATE
ENTERED INTO FAMIS BY			DATE

Signature of FAMIS users that have terminated their employment or contract with FSD or are no longer a volunteer are not required to revoke all access to FAMIS profiles.

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